

Judge: Friedman, Bernard A.  
MJ: Majzoub, Mona K.  
Filed: 04-22-2019 At 04:37 PM  
IN RE AUGUSTA CHRISTINE

136

Notices to Agents is Notices to Principals / Notice

In briefing paper to the Department of State v paper ( G S 01 ) of the Yale Program in Genocide Studies , Gregory H . Stanton defines genocide as :

“ In the present Convention , genocide means any of the following acts committed with intent to destroy , in whole or in part , a national , ethnical , racial , or religious group , as such :

- ( a ) Killing members of the group ;
- ( b ) Causing serious bodily or mental harms to members of the group ;
- ( c ) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part ;
- ( d ) Imposing measures intended to prevent births within the group ;
- ( e ) Forcibly transferring children of the group to another group . ”

from Black's Law Dictionary 1 st edition ;

**CONFEDERACY.** In criminal law . The association or banding together of two or more persons for the purpose of committing an act or furthering an enterprise which is forbidden by law , or which , though lawful in itself , becomes unlawful when made the object of the confederacy . Conspiracy is a more technical term for this offense . The act of two or more who combine together to do any damage or injury to another , or to do any unlawful act . Jacob . See 52 How . Pr 353 ; 41 Wis 284 .

Stemming from three ( 3 ) variations of “law” ; 1. meta [ morality ] , 2. soma [ psychology ] , 3. veta [ ethics ] , the human being, special deposit , has been converted into another re-source , and therein altered of condition ; through action of SHIPPING , bottomry , diagnoses , and repair ( otherwise known as Commerce and Navigation ) , mechanized by Patent , and Trademark through venues such as W. I. P. O. , World Intellectual Property Organization where by these vessels are reported injured , via Intelligence provided to the House of Lords through address of Clergy , by which to appropriate moneys from the Treasury upon fraudulent Claim , as injury is maintained by Congressional Direction , and Action upon human kind , within aforementioned Criminal Enterprise .

“I” , “hereby” , “Declare” and “Order” , Void ab initio or “Revoke” , “Cancel” and “Render Void” , “Nunc Pro Tunc” , both “currently” and “retroactively” , Done by Frauds, and by Yours or Theirs “Continuing Criminal Enterprises” , and Done By , Any and All of “The Declared Felons” , to or of the time of signing , any and all such Signatures . And by “My” , “Divine Rights” and the “public laws” , not to be compelled to perform under any contract or agreement that “I” , have not duly entered into knowingly, voluntarily, and intentionally. “I” , do not accept the liability of the “compelled benefit” of any unrevealed contract, commercial agreement or bankruptcy. Whereby , through the codification maintained as International Statistical Classification of Diseases and Related Health Problems currently ICD-10 , these vessels are then being repaired due to the injury by ,

**Notices to Agents is Notices to Principals / Noticed to Principals is Notices to Agents.**

37th. Congress Session 111; Executed Without, "THE, "UNITED STATES", or The, "United States", or the, "united states" or "a foreign state".

and by "My", the public law mailing addressed, "upon", the "Soilas", the united states of America in-rem: by "I, am", the "public postmasters" under "the House=Hossein's": "Temporary Post Location"; "Non = Domestic Mail"; Care of; Two; Six; Six; Six; Eight; "ALSO KNOWN AS", [ 26668 ], Lawrence Drive; Dearborn Heights, "city"; Wayne, county; Michigan, "state"; And In Care of: Two; Two; Three; Zero; [ 2230 ] East Vernor Highway, apartment, Two; [ 2 ];

In or On or Near the place called, Detroit, city; In or On or Near the place called, Wayne, county; In or On or Near the place called, Michigan; state: "NO" ZONING IMPROVEMENT PLAN OR PROJECTS, ZIP, CODES EXEMPT: BY "YOURS" CODES, DMM, 122.32; And "Not Under", "ANY AND ALL" OF "YOURS OR THEIRS", OF THE SAID, "TERRITORIES" THAT ARE "FICTITIOUS FOREIGN JURISDICTIONS", WITH "FICTITIOUS FOREIGN STATES ZIP CODES", AND "ARE" "FICTITIOUS FOREIGN STATE(S)", AND "ANY AND ALL" OF "YOURS OR THEIRS", "ARE" "FICTITIOUS CREATED ENTITIES" AND/OR "FICTITIOUS CORPORATION(S)".

And Upon Any and All Done By,

"TAXE PERCUE" OR "PORT PAYE" OR "SERVICE DES POSTERS" OR "O.H.M.S." AND/OR "First Class" Mail; DONE BY, TRICK AND DECEIT, AND BY THE "EVIDENCES" UNDER "YOURS OR THEIRS" U.S. CODES TITLE 18, AND SUB SECTION 1692, FOREIGN MAIL AS THE UNITED STATES MAIL; AND SUB SECTION, 1341, FRAUDS AND SWINDLES; AND SUB SECTION, 1342, FICTITIOUS NAMES AND ADDRESS; AND SUB SECTION, 875, INTERSTATE COMMUNICATION, (A), (B), (C), (D); AND SUB SECTION, 1699, CERTIFICATION OF DELIVERY FROM VESSEL; AND SUB SECTION, 1702, OBSTRUCTION OF MAILS GENERALLY; AND SUB SECTION, 1703, DEALY OR DESTRUCTION OF MAIL OR NEWSPAPER; AND SUB SECTION, 1709, THEFT OF MAIL MATTER BY OFFICER OR EMPLOYEE; AND SUB SECTION, 1719, FRANKING PRIVILEGE; AND SUB SECTION, 1724, POSTAGE ON MAIL DELIVERED BY FOREIGN VESSLS;

AND SEE, BY THE EVIDENCES, OF YOURS UNITED STATES POSTAL SERVICE AND/OR OFFICES, DONE BY INTERNATIONAL MAIL MANUAL, 742.1 MARKING POSTAGE PAID OR 742.2 PARCELS WIHTOUT STAMPS TREAT AS PREPAID; AND OF "YOUR", UNIVERSAL POSTAL UNUION, ARTICLE RL 114, 2.2.

On "Thy", Year, "It Is" Unknown, AND IN AND UNDER "YOURS", "FICTITIOUS CONCEPTS", OF THE "SOLAR CALENDAR", "IT IS" KNOWN AS, TWO THOUSAND AND NINETEEN A.D. OF THE GREGORIAN CALENDAR IT IS, APRIL, SIXTEEN, [ 16 ], [ 04 - 16 - 2019 ];

Or in the Eighth, month and on the eleventh, day By "Thy", Light.

And "N" by the "Quorum", "Autograph" and "Seal and Lead" embossed seal created by and

~~For your convenience, the following payment options are available:~~

- ~~1. Check or Money Order by U.S. Mail: To ensure the proper credit is applied to your account, please return the lower portion of this letter with your check or money order in the envelope provided. Please make your check or money order payable to City of Detroit.~~
- ~~2. Visa and MasterCard: Payments may be made through our automated system 24 hours a day 7 days a week by calling (877) 501-9923. Payment via this method will require entry of the account number indicated on the reverse side of this letter.~~
- ~~3. Visa and MasterCard by Internet: Payments may be made 24 hours a day 7 days a week at [www.detroitmi.gov](http://www.detroitmi.gov). Click "Online Services" near the top of the page. Payment via this method will require entry of the ticket number indicated on the reverse side of this letter.~~



~~The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-Help or [www.ftc.gov](http://www.ftc.gov).~~

~~El Rosenthal del estado las Prácticas Justas del Cobro de morosos Actúan y las Prácticas Justas federales del Cobro de morosos Actúan requiere eso, menos bajo circunstancias excepcionales, los recaudadores no lo pueden contactar antes de 8 de la mañana ni después de 9 de la tarde. Ellos no lo pueden acosar utilizando las amenazas de la violencia ni el arresto ni utilizando el idioma obsceno. Los recaudadores no pueden utilizar las declaraciones falsas ni engañosas ni llamadas al trabajo si ellos saben o tienen la razón para saber que usted no puede recibir las llamadas personales en el trabajo. Para la mayoría de las partes, los recaudadores no pueden decir a otra persona, de otra manera que su abogado ni el esposo, acerca de su deuda. Los recaudadores pueden contactar a otra persona para confirmar su ubicación o imponer un juicio. Para más información acerca de actividades de cobro de morosos, usted puede contactar la Comisión Federal del Comercio en 1-877-FTC-Help o [www.ftc.gov](http://www.ftc.gov).~~

ISSUE DATE	TICKET NUMBER	VIOLATION	VIOLATION LOCATION	VEHICLE	STATE	PLATE	DRIVERS LICENSE NUMBER	AMOUNT DUE
12/13/18	Z39468800	CROSSWALK VIOLA	E ON FISHER SER	NISS	MI	BVM796	B421074115091	95.00

Augusta; Ch...  
the Exec...  
If It's, Orde...  
the Discer...  
with 1099, ...  
and I am, or ...  
the W-9 or ...  
Corporation...  
Do not ...  
Hy of ...  
or you will b...  
for hum...

**Professional Account Management, L.L.C.**

Specializing In Receivables Management  
 PO Box 2549  
 Detroit MI 48231-2549  
 Telephone: (877) 501-9923



*Larceny by Tricks and  
 Extortions.*

\*\*\*COLLECTION NOTICE\*\*\*

April 12, 2019



*The Declared Defendants,*  
 Re: ~~CITY OF DETROIT PARKING VIOLATIONS~~

~~Account #: 31096164~~

~~Ticket #: Z39468800~~

~~Amount Due: \$95.00~~

~~Amount Due All Tickets: \$95.00~~

*Fictitious Account  
 and Done by Frauds by  
 a foreign state.*

Professional Account Management (PAM) is representing the ~~City of Detroit Municipal Parking Department~~ in the collections of outstanding parking ticket(s). PAM will pursue all collection efforts as defined within the Fair Debt Collection Practices Act to resolve your debt. As such, any unpaid parking citation(s) will be subject to further collection efforts, we recommend that you resolve this matter as soon as possible. Your vehicle(s) may also be eligible for booting and towing if there are six (6) or more parking tickets open on your account. Additionally, your driver's license may not be eligible for renewal if you have 6 or more open parking and/or 2 or more handicap citations on file with the 36 District Court. All collection activity will stop when the account balance has been paid in full. Please make payment today or contact us at (877) 501-9923 if you have questions regarding this debt.

If you dispute the validity of this debt or any portion thereof, you must notify this office in writing within 30 days of receiving this notice. Upon receipt of your written dispute, we will verify the debt and provide you with a copy of such verification. Otherwise, we will assume the debt is valid and will pursue all means available for its collection.

Mail any **CORRESPONDENCE** to:  
 Professional Account Management LLC, Collection Services Division  
 P.O. Box 2549 Detroit MI 48231-2549

You may also need to contact the City of Detroit at (313) 963-9630 to determine if your DRIVER'S LICENSE has been held for failure to pay on open parking citations listed on the back of this notice. If your license has been placed on hold, you will also be required to pay a \$45 reinstatement fee to the State of Michigan for every 6 unpaid parking or 2 handicap citations to clear the hold(s).

*You,*

~~PLEASE SEE REVERSE SIDE FOR PAYMENT OPTIONS~~

Se habla Español.

*Discharges.*

~~This communication is from a debt collection company. This is an attempt to collect a debt and any information obtained will be used strictly for that purpose.~~

*Your Retarded, Can Not Pay debt with a Debt Note;*

\*\*\*Detach Lower Portion and Return with Payment\*\*\*

IONPROF403681-248972026

ONPROF40  
 PO Box 1280  
 Oaks PA 19456-1280  
 ADDRESS SERVICE REQUESTED

*"Order Money"*

Re: ~~CITY OF DETROIT PARKING VIOLATIONS~~

~~Account #: 31096164~~

~~Ticket #: Z39468800~~

~~Amount Due All Tickets: \$95.00~~

\*See reverse side for ticket details  
 PAM, LLC (877) 501-9923

*By Your,*

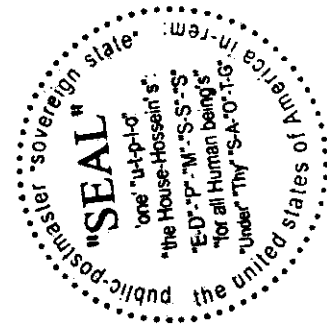
*[4-22-2019]*

*Dates.*

*Pay to the order of the  
 United States of America*  
 April 12, 2019

*See federal court case number  
 and letters 2:18-mc-50546  
 MAIL PAYMENTS ONLY TO: a foreign state;*

side, of Letter of Mail Fraud. [4-21-2019].  
Augusta; Christine



Augusta; Christine

side.



Name Notice to  
Address Agents and  
Principals  
~~to~~ see ~~to~~  
☒ Please check here if this is a new address  
Correct Your Records

In care of; Two; Two; Three;  
[2230], East <sup>Zee's</sup> Vernon Highway,  
apartment; Two; [2]. Detroit; city;  
~~state~~ Michigan; state; "Sovereign state";  
the United State of America in rem;  
**FIRST CLASS MAIL**

"Stop the Mail Fraud  
and Paper Terrorism"  
Upon the "public vessels;  
And Larceny by Trick."  
Kor-22  
Kor-20



Dropped in  
Mail Box  
Refused to Cancel  
Stamp.

2004151502

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
DPCH

11/13/2018

Confidential. Privacy Act Data. Civil and criminal penalties apply to misuse of this data.

APT 2 ) 2230 E VERNOR HWY DETROIT MI	12/01/2014	\$529.00	Benefits paid
	12/01/2013	\$520.00	Benefits paid
	12/01/2012	\$512.00	Benefits paid
	12/01/2011	\$504.00	Benefits paid
	12/01/2010	\$486.00	Benefits paid

**Lump Sum**

<b>Date</b>	<b>Amount</b>
09/01/2018	\$0.00

Date Received by EIV: 09/07/2018

**Dual Entitlement**

EIV received no benefit data.

**Medicare Data****Verification Data**

**Payee Name and Address:** AUGUSTA C BROADUS  
APT 2  
2230 E VERNOR HWY  
DETROIT MI

**Hospital Insurance:** \$0.00 N  
**Supp. Med. Insurance:** \$0.00 Y 08/01/2008

**Premium Buy-in Buy-in Start Buy-in Stop**

Date Received by EIV: 09/07/2018

**Supplemental Security Income Benefits****Verification Data**

**Payment Status Code:** C01 - Current Pay  
**Alien Indicator:**  
**SSI Monthly Assistance Amount (Current):** \$214.00  
**State Supplement Amount (Current):** \$0.00  
**Payee Name and Address:** AUGUSCBROADUS  
20468 WASHBURN  
DETROIT MI

**Payment History of Net Benefits Paid**

Date	Federal Amount	State Amount	Type of Payment
10/01/2018	\$214.00	\$0.00	Recurring Payment
10/01/2018	\$15.00	\$0.00	Overpayment
01/01/2018	\$214.00	\$0.00	Recurring Payment
01/01/2018	\$15.00	\$0.00	Overpayment
01/01/2017	\$210.00	\$0.00	Recurring Payment
01/01/2017	\$15.00	\$0.00	Overpayment
01/01/2015	\$209.00	\$0.00	Recurring Payment
01/01/2015	\$15.00	\$0.00	Overpayment

Date Received by EIV: 09/07/2018

**Disability**

**Disability:** Yes **On-set Date:** 03/01/2006  
Date Received by EIV: 09/07/2018

Report Date: 11/13/2018

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

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\* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

11/13/2018

Confidential. Privacy Act Data. Civil and criminal penalties apply to misuse of this data.

[Print](#)**Summary  
Report****Certification  
Page****Income  
Report****Income Discrepancy  
Report**[Print](#)**Income Report for Household of Augusta C BROADUS as of 11/04/2018**

<b>PHA Code:</b>	MI139	<b>Program Type:</b>	Sec.8 Vouchers
<b>PHA Name:</b>	MI139 Westland Housing Commission	<b>Project:</b>	
<b>Annual Reexamination Date:</b>	02/01/2019	<b>Form 50058 as of:</b>	04/09/2018
<b>Address:</b>	2230 E Vernor Hwy 2 Detroit MI 48207		
<b>Most Recent Type of Action:</b>	3-Interim Reexamination	<b>Effective Date:</b>	04/01/2018

**Head of Household: Augusta C BROADUS**

<b>Social Security Number:</b>	***-**-7706	<b>Date of Birth:</b>	XX/XX/1965
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**Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.**Report Generated By - MU2XXX KAREN KLINEBRIEL

\* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

**Print Household Member Information**

<b>Household Member:</b>	Augusta C BROADUS	<b>SSN:</b>	***-**-7706
<b>Date of Birth:</b>	XX/XX/1965	<b>Relationship:</b>	Head
<b>Date Verified</b>	09/07/2018	<b>Verification Status/Code Verified</b>	

**Employment Information**

EIV received no Employment (W4) data.

**Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.**Report Generated By - MU2XXX KAREN KLINEBRIEL

\* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

**Wages**

EIV received no income data.

**Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.**Report Generated By - MU2XXX KAREN KLINEBRIEL

\* The difference between the gross and net benefit may include the Medicare premium and/or additional deductions, such as garnishments, which are not listed on this report.

**Unemployment Benefits**



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## Westland Housing Commission

**Tenant Itemized Worksheet****Action: Annual Reexamination****Effective Date: February 01, 2019**

Head of Household: <b>Broadus, Augusta C.</b>	SSN: <b>XXX-XX-7706</b>	Voucher #: <b>V -001-002104</b>
Address of Unit: <b>2230 E Vernor Hwy #2, Detroit, MI 48207</b>	Bedrooms: <b>2</b>	Voucher Size: <b>1</b>
Admission Date: <b>February 01, 2017</b>	Next Recertification Date: <b>February 01, 2020</b>	
Owner Name: <b>Ida Young Gardens</b>	Owner Address: <b>2280 E Vernor Hwy, Detroit, MI 48207</b>	

Reason for Action: **mw-^ss, ssi****HOUSEHOLD DETAIL**

Fam #	Full Name	Relationship	Sex	DOB (M/D/Y)	Age	SSN	Disability
01	Augusta C Broadus	Head	F	02/03/1965	53	XXX-XX-7706	Yes

**ASSET DETAIL**

Fam #	Description of Asset	Cash Value	Percent	Annual Income
01	Checking-1DCU*x463	1.00	0.0000	0.00
01	Savings-1DCU*x463	10.00	0.0000	0.00
Total Asset Columns:		<b>11.00</b>		<b>0.00</b>
Passbook Rate: <b>0.0000</b>			Imputed Asset Income:	<b>0.00</b>
			<b>Final Asset Income:</b>	<b>0.00</b>

**INCOME DETAIL**

Fam #	Income Type/Description	Frequency	Hours/Wk	Rate	x	Annual Income	Excluded Amount	Annual Income (adjusted)
01	Social Security/SS	Monthly		556.00	12	6,672.00	0.00	6,672.00
01	SSI/SSI	Monthly		220.00	12	2,640.00	0.00	2,640.00
01	Other Nonwage Sources/Supplemental	Quarterly		42.00	4	168.00	0.00	168.00
Total Annual Income:								<b>9,480.00</b>

**EXPENSE DETAIL**

Fam #	Expense Type/Description	Frequency	Rate	x	Annual Expense
Total Annual Expenses:					<b>0.00</b>

8a. Total Annual Income	9,480.00
8e. Total permissible deductions (Public Housing only)	0.00
8f. Medical/disability threshold	284.00
8n. Medical/disability assistance allowance	0.00
8p. Elderly/disability allowance	400.00
8s. Dependent allowance	0.00
8t. Total annual unreimbursed childcare costs	0.00
8x. Total Allowances (8e + 8n + 8p + 8s + 8t)	400.00
8y. Adjusted Annual Income (8a - 8x, but not < 0)	9,080.00
9a. Total monthly income (8a / 12)	790.00
9c. TTP if based on annual income (9a x 0.10)	79.00
9d. Adjusted monthly income (8y / 12)	757.00
9f. TTP if based on adjusted annual income (9d x 0.30)	227.00
9g. Welfare Rent per month	0.00
9h. Minimum TTP, put 0 if waived	50.00
9i. Enhanced voucher minimum rent	0.00
9j. TTP (highest of 9c, 9f, 9g, 9h, or 9i)	227.00
12. Housing Choice Vouchers	
12j. Payment standard	800.00

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Westland Housing Commission

Page: 2

**Tenant Itemized Worksheet****Action: Annual Reexamination****Effective Date: February 01, 2019**Head of Household: **Broadus, Augusta C.**SSN: **XXX-XX-7706**Voucher #: **V -001-002104**Address of Unit: **2230 E Vernor Hwy #2, Detroit, MI 48207**Bedrooms: **2** Voucher Size: **1**

12s. Total HAP (12q - 12r)	509.00
12t. Total family share (12p - 12s)	227.00
12u. HAP to owner (lower of 12k or 12s)	509.00
12v. Tenant rent to owner (12k - 12u)	140.00
12w. Utility reimbursement to family (12s - 12u, but not > 12m)	0.00

I/we certify that the information on this worksheet is true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy I/we receive and have my/our rent increased, if I/we furnish false or incomplete information.

*Augusta Broadus 12-13-18*

Head of Household / Date

Other Adult / Date

Co-Head / Date

Other Adult / Date

WHC Representative / Date

Other Adult / Date

**SIGN, DATE,  
& RETURN  
IMMEDIATELY**

11/13/2018

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

Print

**PHA/Tenant Certification Page**

The following household member's EIV-reported income has been reviewed and verified by the PHA.

**Household Members**

Member SSN	Member First Name	Member Last Name	Date of Birth	Age	Relationship	Identity Verification Status
***-**-7706	Augusta	BROADUS	XX/XX/1965	54	Head	Verified

\* This household member may be receiving multiple subsidies. See the Multiple Subsidy Report for details.

**PHAs are not required to use this Certification Page. It is a courtesy document for PHAs and tenants to confirm their review of the EIV Income Report and for tenants to document their agreement or disagreement with EIV-reported income information.**

By signing below, the PHA certifies that:

- Each member of the household who is at least 18 years of age has signed a consent form in accordance with HUD regulations.
- Any substantial disparities between tenant-reported and EIV-reported income have been verified in accordance with the Federal Privacy Act and HUD regulations.

PHA Staff - Printed Name

PHA Staff - Signature

Date

By signing below, the household member certifies that: The PHA has discussed the EIV-reported income information that pertains to him/her; and

☒ Agrees with the EIV-reported information or ☐ Disputes the EIV-reported information for the following reason(s):

- ☐ Not employed by listed employer
- ☐ Stopped working for employer on (specify date) / /
- ☐ Not receiving SS/SSI benefits
- ☐ Stopped receiving SS/SSI benefits on (specify date) / /
- ☐ Not receiving unemployment compensation
- ☐ Stopped receiving unemployment compensation on (specify date) / /
- ☐ Other: \_\_\_\_\_

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

I, \_\_\_\_\_, authorize the PHA to disclose my EIV income information to \_\_\_\_\_. I understand that the PHA is not responsible for any misuse or subsequent disclosure of my EIV income information to the above-named individual or any other person that may obtain my EIV income information from me or the above-named individual.

Signature of each household member who is at least 18 years of age

Head of Household

SIGN, DATE,  
& RETURN  
IMMEDIATELY

Date

Other Adult

Date

Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.

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**SECTION 10 - WORK****Complete only if you are age 14 years old or older**

10. Since the date of your last medical disability decision have you worked? (see date at top of Page1) ☐ YES (If yes, we may contact you for additional information) ☒ NO

**SECTION 11 - REMARKS**

Please write any additional information you did not give in earlier parts of this report. If you did not have enough space in the sections of this report to write the requested information, please use this space to tell us the additional requested in those sections. Be sure to show the section to which you are referring.

Spondylolisthesis of lumbar region

Obesity morbidly

Hypertension

High blood Pressure

both knees no cartilage one knee chipped Bone and cracked Patellar

Bad Ankles

**Medication cont.**

clonidine 0.2mg	DR. Prakash, mercy	High blood pressure
Claritin 10mg	"	Allergy
Lexapro 20mg	"	Anxiety Hot Flash
Pamotidine 20mg	"	Anti Acid
Multivitamin	"	Vitamin
Lidocaine 5%o	"	Pain
Aspirin 81mg	"	Blood circulation
Carvedilol 3.125mg	"	Heart
Cyclobenzaprine 15mg	Dr. Same Thomas	Muscle Relaxant
Narco 325mg	Dr. Mallah	Pain
Xanax 2mg	Dr. Mallah	Depression
<del>Plex</del>		
Montelukast Sodium 10mg	Dr. Prakash, Mery	Asthma
Loratadine 10mg	"	allergy
Vitamin D	"	Vitamin
Spiroonolactone 25mg	Dr. Cowger, Jennifer	Heart failure
Bumetanide 1mg	Dr. Cowger, Jennifer	water/high blood
Escitalopram 20mg	Dr. Prakash, mercy	Depression

**SECTION 9 - DAILY ACTIVITIES****Complete only if you are at age 18 years old or older****9.A.** Describe what you do in a typical day (for example: I get up around 7 A.M., take a shower, eat breakfast, etc.).

I get up I get a ~~assistant~~ to take a shower  
 at 10AM or whenever I wake up then I get help with dressing  
 And then my breakfast is fixed for me then I watch TV  
 Take a nap Get help to use the Bathroom then watch TV  
 Then I go to bed

If you need more space, go to Section 11 - Remarks

**9.B.** Do you have hobbies or interests?
☐ YES ☒ NO

If YES, please describe what they are and how much time you spend doing them.

**9.C.** Do you ever have difficulty doing any of the following? (Please explain any "Yes" answers.)

Dressing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I get out of Breath and Be in Pain
Bathing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I can't Bend or twist or stand to long
Caring for hair	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	can't keep my hand or arm up to long
Taking medicines	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I get confused of all the Pills
Preparing meals	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I can't cook Im Scared of getting hurt
Feeding self	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Doing chores (inside/outside house)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I get tired to quick, can't stand to long
Driving or using public transportation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	can't walk to Far
Shopping	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	can't walk to much without a wheel chair
Managing money	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Walking	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	need walker
Standing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I have to sit if I walk on my Feet <sup>Painful</sup>
Lifting objects	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I'll drop objects if I lift it <sup>Arms</sup>
Using arms	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Using hands or fingers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<sup>I have</sup> Carpal Tunnel
Sitting	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Sometime my back hurts
Seeing, hearing, or speaking	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I have Glaucoma
Concentrating	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Pain keeps me from Concentrating Sometime

## SECTION 8 - VOCATIONAL REHABILITATION, EMPLOYMENT, OR OTHER SUPPORT SERVICES

**Complete only if you are age 18 years or older**

**8.A. Since the date of your last medical disability decision** (see date on top of Page 1), have you participated, or are you participating, in:

- an individualized work plan with an employment network under the Ticket to Work Program;
- an individualized plan for employment with a vocational rehabilitation agency or any other organization;
- a Plan to Achieve Self-Support (PASS);
- an Individualized Education Program (IEP) through a school (if a student age 18-21); or
- any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

☐ YES (Complete the information below.)

☒ NO (Go to **Section 9 - Daily Activities**)

If YES, what year did you last attend any school?

NAME OF ORGANIZATION OR SCHOOL

NAME OF COUNSELOR, INSTRUCTOR OR JOB COACH

PHONE NUMBER

MAILING ADDRESS

CITY

STATE/Province

ZIP/Postal Code

COUNTRY (if not USA)

**8.B. When did you start participating in the plan or program?**

**8.C. Are you still participating in the plan or program?**

☐ YES, I am scheduled to complete the plan or program on:

(date to be completed)

☐ NO, I completed the plan or program on:

(date completed)

☐ NO, I stopped participating in the plan before completing it because:

**8.D. What types of services, tests, or evaluations were provided** (for example: intelligence or psychological testing, vision or hearing tests, physical exam, work evaluations, or classes?)



**SECTION 6 - OTHER MEDICAL INFORMATION****Complete only if you are age 18 years or older**

6. Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems) covering the last 12 months, or are you scheduled to see anyone else? (This may include places such as workers' compensation, vocational rehabilitation, insurance companies who have paid you disability benefits, prisons, attorneys, social service agencies and welfare agencies.)

☐ Yes (Complete the following information.)

☐ No (Go to **SECTION 7 - Education and Training.**)

NAME OR ORGANIZATION

PHONE NUMBER

MAILING ADDRESS

CITY

STATE/Province

ZIP/Postal Code

COUNTRY (if not USA)

NAME OF CONTACT PERSON

CLAIM NUMBER (if any)

Date First Contact (in last 12 months)

Date Last Contact (in last 12 months)

Date Next Contact (if any)

Reason(s) for Contacts

If you need to list other people or organizations use Section 11 - Remarks and give the same detailed information as above for each one you list.

**SECTION 7 - EDUCATION AND TRAINING****Complete only if you are age 18 years or older**

7.A. Have you received any education since your last disability decision? (See date at top of Page 1.)

☐ YES (Complete the information below.)

☒ NO, go to question 7.B below

If YES, what year did you last attend any school?

Please describe the education you received.

7.B. Have you received any type of specialized job, trade, or vocational training since your last disability decision? (See date at top of Page 1.)

☐ YES (Complete the information below.)

NO ☒

NAME OF TRAINING FACILITY

PHONE

MAILING ADDRESS

CITY

STATE/Province

ZIP/Postal Code

COUNTRY (if not USA)

**SECTION 4 - MEDICAL TREATMENT (continued)**

KIND OF TEST	DATES OF TEST(S)	KIND OF TEST	DATES OF TEST(S)
<input checked="" type="checkbox"/> EKG (heart test)		<input type="checkbox"/> EEG (brain wave test)	
<input type="checkbox"/> Treadmill (exercise test)		<input type="checkbox"/> HIV Test	
<input type="checkbox"/> Cardiac Catheterization		<input type="checkbox"/> Blood Test (not HIV)	
<input type="checkbox"/> Biopsy (list body part)		<input type="checkbox"/> X-Ray (list body part)	
<input type="checkbox"/> Hearing Test		<input checked="" type="checkbox"/> MRI/CT Scan (list body part)	Back & Legs
<input type="checkbox"/> Speech/Language Test			
<input type="checkbox"/> Vision Test		<input type="checkbox"/> Other	
<input type="checkbox"/> Breathing test			

If you need to list more doctors or hospitals use Section 11 - Remarks and give the same detailed information as above for each one you list.

**SECTION 5 - MEDICINES**

5. Are you now taking, or have you taken in the last 12 months, any prescription or non-prescription medicines?

☒ Yes (Complete the following information. Look at your medicine containers, if necessary.)

☐ No (Go to section 6 - Other Medical Information on page 10.)

NAME OF MEDICINE	IF PRESCRIBED, GIVE NAME OF DOCTOR	REASON FOR MEDICINE
Albuterol <sup>SOL</sup> sulfate 0.83	Dr. Prakash, Mercy	Asthma
Singulair 40mg	"	Allergy
Anoro 62.5 mg <sup>SPR</sup>	"	Asthma
Omega-3	"	Vitamin
Cyanocobalamin <sup>1000 mc</sup>	"	Vitamin B
Chlorthalidone 25mg	"	High Blood Pressure

If you need to list other medicines use Section 11 - Remarks.

If you are under age 18, Skip to Section 11 - Remarks.

**SECTION 4 - MEDICAL TREATMENT (continued)**

**4.G.** Tell us who may have medical records covering **the last 12 months** about any of your physical or mental condition(s) (including emotional or learning problems). This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

NAME OF FACILITY OR OFFICE

DMC

NAME OF HEALTHCARE PROFESSIONAL THAT TREATED YOU

Vandenberg MD-Resident, James Thomas

**ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROFESSIONAL ABOVE**

PHONE NUMBER

313-745-5111

PATIENT ID# (if known)

MAILING ADDRESS

420 St Antoine Blvd

CITY

Detroit

STATE/Province

MI

ZIP/Postal Code

48201

COUNTRY (if not USA)

**Dates of Treatment** (within the last 12 months)**1. Office, Clinic or Outpatient visits****2. Emergency Room Visits**  
List the most recent date first**3. Overnight Hospitals Stays**

First visit

A. 7-29-18

A. Date in

Date out

Last visit

B.

B. Date in

Date out

Next Scheduled Appointment  
(if any)

C.

C. Date in

Date out

What medical conditions were treated or evaluated?

Back + knees

What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.)

Observation For Pain From a fall

Check the boxes below for any tests this provider performed or sent you to **within the last 12 months**, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use **Section 11 - Remarks**.

☐ Check this box if no tests by this provider or at this facility.

**SECTION 4 - MEDICAL TREATMENT (continued)**

ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE  
PROFESSIONAL ABOVE

PHONE NUMBER 313-916-2966

PATIENT ID# (if known) 61161575

MAILING ADDRESS

2799 W. Grand Blvd K14 Floor

CITY

Detroit

STATE/Province

MI

ZIP/Postal Code

48202

COUNTRY (if not USA)

Dates of Treatment (within the last 12 months)

1. Office, Clinic or  
Outpatient visits

First visit 10-31-18

Last visit

Next Scheduled Appointment  
(if any)

Feb 21, 2019

2. Emergency Room Visits  
List the most recent date first

A.

B.

C.

3. Overnight Hospitals Stays

A. Date in

Date out

B. Date in

Date out

C. Date in

Date out

What medical conditions were treated or evaluated?

Congestive Heart Failure

What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.)

Check the boxes below for any tests this provider performed or sent you to **within the last 12 months**, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use **Section 11 - Remarks**.

☐ Check this box if no tests by this provider or at this facility.

KIND OF TEST	DATES OF TEST(S)	KIND OF TEST	DATES OF TEST(S)
<input checked="" type="checkbox"/> EKG (heart test)		<input type="checkbox"/> EEG (brain wave test)	
<input type="checkbox"/> Treadmill (exercise test)		<input type="checkbox"/> HIV Test	
<input type="checkbox"/> Cardiac Catheterization		<input checked="" type="checkbox"/> Blood Test (not HIV)	
<input type="checkbox"/> Biopsy (list body part)		<input type="checkbox"/> X-Ray (list body part)	

**SECTION 4 - MEDICAL TREATMENT (continued)****Dates of Treatment** (within the last 12 months)

1. Office, Clinic or Outpatient visits	2. Emergency Room Visits List the most recent date first	3. Overnight Hospitals Stays	
First visit <i>9-19-18</i>	A.	A. Date in	Date out
Last visit	B.	B. Date in	Date out
Next Scheduled Appointment (if any)	C.	C. Date in	Date out

What medical conditions were treated or evaluated?

*SPONDYLOLISTHESIS OF Lumbar region (M43,16)*

What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.)

*Physical - occupational therapy*

Check the boxes below for any tests this provider performed or sent you to **within the last 12 months**, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use **Section 11 - Remarks**.

☐ Check this box if no tests by this provider or at this facility.

KIND OF TEST	DATES OF TEST(S)	KIND OF TEST	DATES OF TEST(S)
<input type="checkbox"/> EKG (heart test)		<input type="checkbox"/> EEG (brain wave test)	
<input type="checkbox"/> Treadmill (exercise test)		<input type="checkbox"/> HIV Test	
<input type="checkbox"/> Cardiac Catheterization		<input type="checkbox"/> Blood Test (not HIV)	
<input type="checkbox"/> Biopsy (list body part)		<input checked="" type="checkbox"/> X-Ray (list body part)	<i>Back</i>
<input type="checkbox"/> Hearing Test		<input checked="" type="checkbox"/> MRI/CT Scan (list body part)	<i>Back</i>
<input type="checkbox"/> Speech/Language Test		<input type="checkbox"/> Other	
<input type="checkbox"/> Vision Test			
<input type="checkbox"/> Breathing test			

If you do not have any more doctors or hospitals to describe, go to  
Section 5 - Medicines on page 9.

**4.F.** Tell us who may have medical records covering the **last 12 months** about any of your physical or mental condition(s) (including emotional or learning problems). This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

**SECTION 4 - MEDICAL TREATMENT (continued)**

What medical conditions were treated or evaluated?

*High blood Pressure  
new monia*

What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.)

*drawn Blood and Blood pressure taken*

Check the boxes below for any tests this provider performed or sent you to **within the last 12 months**, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use **Section 11 - Remarks**.

☐ Check this box if no tests by this provider or at this facility.

KIND OF TEST	DATES OF TEST(S)	KIND OF TEST	DATES OF TEST(S)
<input type="checkbox"/> EKG (heart test)		<input type="checkbox"/> EEG (brain wave test)	
<input type="checkbox"/> Treadmill (exercise test)		<input type="checkbox"/> HIV Test	
<input type="checkbox"/> Cardiac Catheterization		<input checked="" type="checkbox"/> Blood Test (not HIV)	<i>Sept 2019</i>
<input type="checkbox"/> Biopsy (list body part)		<input type="checkbox"/> X-Ray (list body part)	
<input type="checkbox"/> Hearing Test		<input type="checkbox"/> MRI/CT Scan (list body part)	
<input type="checkbox"/> Speech/Language Test			
<input type="checkbox"/> Vision Test		<input type="checkbox"/> Other	
<input type="checkbox"/> Breathing test			

**If you do not have any more doctors or hospitals to describe, go to Section 5 - Medicines on page 9.**

**4.E.** Tell us who may have medical records covering **the last 12 months** about any of your physical or mental condition(s) (including emotional or learning problems). This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

NAME OF FACILITY OR OFFICE

*Detroit Medical Center*

NAME OF HEALTHCARE PROFESSIONAL THAT TREATED YOU

*SETHI MD, ANIL*

**ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROFESSIONAL ABOVE**

PHONE NUMBER

PATIENT ID# (if known)



**SECTION 4 - MEDICAL TREATMENT (continued)**

Check the boxes below for any tests this provider performed or sent you to **within the last 12 months**, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use **Section 11 - Remarks**.

☒ Check this box if no tests by this provider or at this facility.

KIND OF TEST	DATES OF TEST(S)	KIND OF TEST	DATES OF TEST(S)
<input type="checkbox"/> EKG (heart test)		<input type="checkbox"/> EEG (brain wave test)	
<input type="checkbox"/> Treadmill (exercise test)		<input type="checkbox"/> HIV Test	
<input type="checkbox"/> Cardiac Catheterization		<input type="checkbox"/> Blood Test (not HIV)	
<input type="checkbox"/> Biopsy (list body part)		<input type="checkbox"/> X-Ray (list body part)	
<input type="checkbox"/> Hearing Test		<input type="checkbox"/> MRI/CT Scan (list body part)	
<input type="checkbox"/> Speech/Language Test			
<input type="checkbox"/> Vision Test		<input type="checkbox"/> Other	
<input type="checkbox"/> Breathing test			

If you do not have any more doctors or hospitals to describe, go to  
**Section 5 - Medicines on page 9.**

**4.D.** Tell us who may have medical records covering **the last 12 months** about any of your physical or mental condition(s) (including emotional or learning problems). This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

NAME OF FACILITY OR OFFICE <i>Family Practice Physician</i>	NAME OF HEALTHCARE PROFESSIONAL THAT TREATED YOU <i>Dr. Yunus, Mera'i</i>
--	--

**ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROFESSIONAL ABOVE**

PHONE NUMBER <i>313 - 369 - 1000</i>	PATIENT ID# (if known)
---	------------------------

MAILING ADDRESS <i>3120 Carpenter Ave</i>			
CITY <i>Hamtramck</i>	STATE/Province <i>MI</i>	ZIP/Postal Code <i>48212</i>	COUNTRY (if not USA)

**Dates of Treatment (within the last 12 months)**

1. Office, Clinic or Outpatient visits	2. Emergency Room Visits List the most recent date first	3. Overnight Hospitals Stays	
First visit <i>2012 or 2013</i>	A.	A. Date in	Date out
Last visit <i>10-30-18</i>	B.	B. Date in	Date out
Next Scheduled Appointment			

**SECTION 4 - MEDICAL TREATMENT**

**Within the last 12 months**, have you seen a doctor or other health care professional, or received treatment at a hospital or clinic, or do you have a future appointment scheduled:

**4.A.** For any **physical** conditions?

☒ Yes ☐ No

**4.B.** For any **mental** condition(s) (including emotional or learning problems)

☐ Yes ☒ No

If you answered "No" to both 4.A. and 4.B., go to **Section 5 - Other medical information** on page 9

**4.C.** Tell us who may have medical records covering **the last 12 months** about any of your physical or mental condition(s) (including emotional or learning problems). This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

NAME OF FACILITY OR OFFICE <i>Associated Physicians of Dearborn</i>	NAME OF HEALTHCARE PROFESSIONAL THAT TREATED YOU <i>Mustapha Mallah, M.D.</i>
--	--

**ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROFESSIONAL ABOVE**

PHONE NUMBER <i>313-945-6100</i>	PATIENT ID# (if known)
-------------------------------------	------------------------

MAILING ADDRESS <i>4700 Greenfield road</i>
--

CITY <i>Dearborn</i>	STATE/Province <i>MI</i>	ZIP/Postal Code <i>48126</i>	COUNTRY (if not USA)
-------------------------	-----------------------------	---------------------------------	----------------------

**Dates of Treatment** (within the last 12 months)

1. Office, Clinic or Outpatient visits	2. Emergency Room Visits List the most recent date first	3. Overnight Hospitals Stays	
First visit <i>2014</i>	A.	A. Date in	Date out
Last visit <i>11-01-18</i>	B.	B. Date in	Date out
Next Scheduled Appointment (if any) <i>01- -18</i>	C.	C. Date in	Date out

What medical conditions were treated or evaluated? *Arthritis, knee, ankle and back*

**SECTION 2 - CONTACTS (Continued)****2.D. DAYTIME PHONE NUMBER** (as described in 1.D. above)

248-416-6552

**2.E. Can this person speak and understand English?** ☒ YES ☐ NO  
If NO, what language is preferred?**2.F. Who is completing this report?**

- ☒ The disabled person listed in 1.A. (Go to **Section 3 - Medical Condition(s)**)
- ☐ The person listed in 2.A. (Go to **Section 3 - Medical Condition(s)**)
- ☐ Someone else (Complete the rest of Section 2 below)

**2.G. NAME** (First, Middle Initial, Last)**2.H. Relationship to Disabled Person****2.I. DAYTIME PHONE NUMBER** (as described in 1.D. above)**2.J. MAILING ADDRESS** (Street or PO Box) Include apartment number if applicable

CITY

STATE/Province

ZIP/Postal Code

COUNTRY (if not USA)

**SECTION 3 - MEDICAL CONDITION(S)**

**3.A. If you are an adult (age 18 or older), list the physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work. If you are completing this report for a child (under age 18), list the physical and/or mental condition(s) (including emotional and learning problems) that limit the child's ability to do the same things as other children the same age. List each physical and/or mental condition separately.**

1. CHF
2. Asthma - COPD
3. Severe Arthritis
4. Gout

**If you need more space go to Section 11 - Remarks****3.B. What is your height without shoes?** 5 feet 2 inches OR \_\_\_\_\_ centimeters (if outside USA)**3.C. What is your weight without shoes?** 278 pounds OR \_\_\_\_\_ kilograms (if outside USA)**3.D. Do you use an assistive device** (for example: eye glasses, hearing aids, braces, canes, crutch(es), walker, wheelchair, service animal)?☒ Always ☐ Sometimes ☐ Never

If ALWAYS OR SOMETIMES, please describe what kind, when, and how you use it.

glasses, a seated walker, cane, knee braces, and hand...

SOCIAL SECURITY ADMINISTRATION

Form Approved  
OMB No. 0960-0072**CONTINUING DISABILITY REVIEW REPORT****For SSA Use Only - Do not write in this box.****Date of your last medical disability decision:** ~~I cannot remember~~ 2005 or 2006 maybe 2004

Claim Number: 379-66-7706

Number Holder:

Type(s) of Case(s): TITLE II ☐ DIB ☐ DWB ☐ CDB ☐ FZ ☐ ESRD ☐ HIB(Check all that apply.) TITLE XVI ☐ DI ☐ DS ☐ DC ☐ BI ☐ BS ☐ BC

If you are filling out this report for the disabled person, please provide information about him or her. When a question refers to "you", "your", or the "disabled person", it refers to the person receiving disability benefits.

**SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON****1.A. NAME (First, Middle Initial, Last)**

AUGUSTA BROADUS

**1.B. SOCIAL SECURITY NUMBER**

379667706

**1.C. MAILING ADDRESS (Street or PO Box) Include apartment number if applicable**

APT 2 2230 E VERNOR HWY

CITY  
DETROITSTATE/Province  
MIZIP/Postal Code  
48207

COUNTRY (if not USA)

**1.D. DAYTIME PHONE NUMBER**, including area code, and the IDD and country codes if you live outside the USA or Canada.

Phone Number: (313) 729-3800

☐ Check this box if you have a phone or a number where we can leave a message**1.E. ALTERNATE PHONE NUMBER**, including area code where we may reach you, if any.

Alternate Phone Number:

**1.F. Can you speak and understand English?**☒ YES☐ NO

If NO, what language do you prefer?

If you cannot speak and understand English, we will provide an interpreter free of charge.

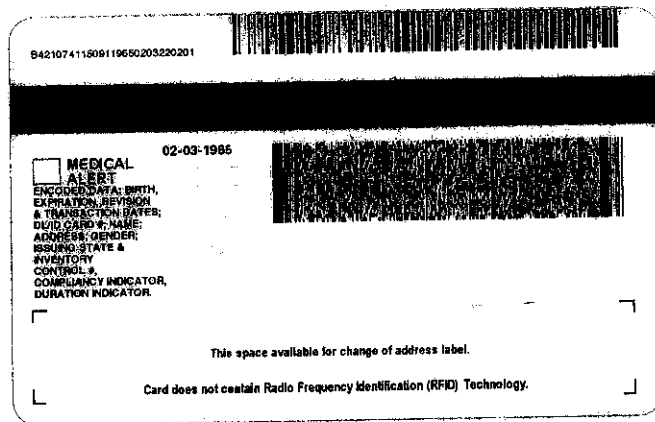
**1.G. Have you used any other names on your medical or educational records in the last 12 months?**Examples are maiden name, other married names, or nickname. ☐ YES☒ NO

If YES, please list

**SECTION 2 - CONTACTS**

Give the name of a friend or relative (other than your doctors) we can contact who knows about your medical conditions, and can help you with your case.

**2.A. NAME (First, Middle Initial, Last)****2.B. Relationship to Disabled Person**





"Fictitious Legal Person",  
or Names or Names.

Page[8]  
eight, "Transgressions Fees" and  
Fees Schedule: number one:

a, b, c, d, equals, G/S 900,000.00



Augusta Broadus, AKA or OBA,  
~~ECF#22307~~, Notice to Principals and Agents.

ATTN: Michelle Wicker  
Westland Housing Commission  
32150 Dousey Road,  
Westland, MI 48186

ICO: [2230] East Vernor  
Highway, Apartment, [2]  
Detroit, city, Michigan,  
states PM 122.32

Back side of the letter.

ICO: [2230] East Vernor  
Highway, Apartment, [2], two,  
Detroit, city, Michigan,  
states PM 122.32.



## WESTLAND HOUSING COMMISSION

32150 Dorsey Road, Westland, MI 48186 Fax: 734.595.1680

December 5, 2018

**Augusta C. Broadus**  
2230 E Vernor Hwy #2  
Detroit, MI 48207

Dear Ms. Broadus,

Please **sign, date, and return** the enclosed documents.

☒ **Tenant Itemized Worksheet**

Review all the information for accuracy.

If the information is accurate, sign, date, and return the document.

If any of the information is inaccurate, contact the WHC at the phone number or email below.

☒ **PHA/Tenant Certification Page EIV**

Review all the information for accuracy.

If the information is accurate, check the box that you agree with the information.

If any of the information is inaccurate, check the box that you dispute the information and also check the box for your reason.

Sign, date, and return the document. Each adult must sign and date their own EIV document.

☒ **Other:** 10 - current

**Return the document(s) to:** **Westland Housing Commission**  
**Attn: Michelle Wicker**  
**32150 Dorsey Road**  
**Westland, MI 48186**

The signed documents are due in this office no later than 10 days from the day of this letter. If you fail to provide the signed documents, you will receive notification by mail of your termination from the program.

Sincerely,

*Michelle Wicker*

Witness &  
Make copies

"RETURN TO SENDER", "IT IS", "MAIL FRAUDS", AND "NOW" IT IS, "PAPER TERRORISM", "FINAL",  
 "NOTICE To AGENT Is NOTICE To PRINCIPAL ; NOTICED To "PRINCIPALS" Is NOTICE To "AGENTS".  
 And by "My", "Ordinances by "My" Estates", "I , Am", "Haeres" to all = eall "My", "properties" and  
 "estates", Proper address only ; "Temporary post location" ; "Non = domestic mail" ; Care of ; Two ; Six ; Six ;  
 Six ; Eight ; [ 26668 ] , Lawrence Drive , Dearborn Heights , City ; Michigan , State ; the united states of America  
 in-rem : "sovereign states", "court" : ZIP CODE EXEMPT : BY "YOUR", DMM, 122.32 ; "Take" by "My",  
 "public laws" "Notice and Actions", "Before" and "Now" and "Forever". "It Is", "Ordered", by the  
 "Executors", Proper Names , Done on "I , Am", the "be-living", "Human being" and "Human kind" and/or  
 the "human race", and "governor" and "judge" and "treasurer" and 'one', by the "public postmasters" by  
 "My", the declared "public laws addresses", "only" : "I , Am", Jihad ; Ali : \_ \_ "only",  
 "I , Am", "NOT", "Mr". OR "MR". OR "MISTER" OR "MEN" OR "MAN", AND "MALE" OR GENTLEMAN"  
 OR "FICTITIOUS PERSON", OR "PEOPLES", AND "NATURAL PERSON", OR "SERVANT", OR "SLAVE", OR  
 "AGENT", OR "PRINCIPAL", OR "INDIVIDUAL", OR "EMPLOYEE", OR "STAFF", OR "FOREIGN OFFICER",  
 AND/OR "OFFICER", AND ANY AND "ALL" "OTHERS" NOT LISTED WITH "PSYCHOPATHIC",  
 "IDEOLOGIES" AND "MIND SET", "WITHOUT THE FRONTAL LOBE", AND ANY/"ALL" ARE NOW AND  
 FOREVER DECLARED "PSYCHOPATHS" ; "I , Am", "NOT", THE UNITED STATES OF AMERICA OR  
 U. S. A. OR UNITED STATES OR U. S. "CITIZEN", "Citizen" or "citizen", AND "NOT", UNDER  
 "YOURS" "CONSTITUTION", AND DONE BY YOUR TRANSGRESSIONS, "ARTICLE 1, SECTION 8",  
 BY DECLARING "WAR(S)", AND BY "GRANT LETTERS OF MARQUE" AND "REPRISAL", AND  
 MAKING "RULES" CONCERNING CAPTURES ON "LAND" AND "WATER" ; And Done on "Any" and  
 "All" "Executors", Proper Names , Any and All use or usage on "My", Trade names or Trademarks  
 without "My", Authority or Permission , other then listed above , BY THE "Evidences", AND IT IS ,  
 AND HAS BEEN, "Human" "TRAFFICKING" ; AND DONE BY , SECRETARY OF STATE,  
 REX WAYNE TILLERSON or Rex Wayne Tillerson , "THE PSYCHOPATH", "GOT THEIRS NOTICES"  
 AND DONE BY, SOCIAL SECURITY ADMINISTRATION(S), UNDER THE SOCIAL SECURITY ACT  
 1935, FAILD GIVE A CCESES TO, the "Executors" ; FOR DISCHARGES ON "ALL" DEBTS AND  
 PAYMENTS; And for "All" "Transgressions" and "Harms", "ALL" "HAVE BEEN CHARGED", and It Is,  
 Thirty Three billion dollars , G/S33000000000.00 ; per time ; AND "ALL" "ARE" UNDER "THE  
 EMERGENCY BANKING ACT (1933)", AND "IT IS", AND "ALL" "ARE" "DEPRAVED" AND "BANKRUPT"  
 "CORPORATIONS" AND "INSOLVENT". AND ON, 09 - 08 - 2017 ; AND ANY AND "ALL" ARE IN  
"DEFAULT" , CASE NUMBERS FILED ON, 08 - 08 - 2017 ; AND LETTERS, 2 : 17 - mc - 51086 ; AND FAILED  
 TO, Pay in gold or silver coins , In "Equal Value", One hundred and twenty plus nine trillion dollars ; Or  
 "Equal Value" In "Discharges" ; AND DONE BY THE DECLARED DEFENDANTS, TOO MANY TO LIST, AND  
 "YOUR ONE OF THEM", ON ANY AND "ALL" , OF AND UNDER THE "FOREIGN STATES" AND/OR  
 "FICTITIOUS CORPORATIONS" AND "FICTITIOUS CREATED ENTITIES", AND "EXECUTED  
 WITHOUT" THE "FOREIGN STATES", UNITED STATES OF AMERICA OR U.S.A. OR UNITED  
 STATES OR U. S. AND/OR ANY AND "ALL" , STATES OR STATES OF , LIKE, STATE OF  
 MICHIGAN, OR MI, AND/OR WAYNE COUNTY OR ANY AND "ALL" , COUNTY'S OR COUNTY'S  
 OF, AND ANY AND "ALL" , CITY'S OF, OR ANY AND "ALL" , CITY'S ; AND ANY AND "ALL" OF  
 "YOURS OR THEIRS", "TERRITORIES" ARE, "FICTITIOUS FOREIGN JURISDICTIONS", WITH FOREIGN  
 ZIP CODES, AND FOREIGN TWO LETTER STATES, AND ANY AND "ALL" , "HAVE BEEN",  
 "FORFAITURE" AND "FORFAIRE" OR "FORFEITED", and by "My", "FORFEITS NUMBERS", AND  
 "DISHONORED IN COMMERCE" : And by the Evidences on, 02 - 23 - 2015 ; 15 - 50289 : And by "My",  
 "Notice of Intent" and "Fees Schedule" : "Transgressions Fees" and "Payment Policies", and/or by "My",  
 "constituton", ANY AND ALL WILL BE "CHARGED", "AGAIN" IN THE AMOUNT OF , "Twenty million  
 dollars" ; G/S20000000.00 ; per times, Now two times, per letters ; In "Equal Value" and/or "For Value" and/or

12.) Do you serve any beneficiaries who owe you money now, or will owe you in the future?  
 Yes No (Circle One)

If YES, please describe the amount and reason for the debt:

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM**

I understand the information furnished in this form is subject to verification by the Social Security Administration (SSA) at the time of initial application and during subsequent recertifications as a fee-for-service organizational payee.

I understand I may not collect a fee for payee services unless and until I have received written authorization to do so by SSA. If granted authorization, I agree not to collect a fee higher than the amount authorized by SSA.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and that the information is true and correct to the best of my knowledge. I understand that if I knowingly and willfully make a false, fictitious, or fraudulent statement or representation on this form, or cause someone else to do so, I may be fined and/or imprisoned (18 U.S.C. §1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Director/CEO (if different than above): \_\_\_\_\_

Print Your Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of SSA Official: \_\_\_\_\_ Title: \_\_\_\_\_

DO Code: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act:** The Social Security Administration is authorized to request the information on this form under sections 205(j)(4) and 1631(a)(2) of the Social Security Act and 20 CFR 404.2040a and 416.640a. The information requested on this form will be used to consider your eligibility as a Fee for Service Representative Payee. You do not have to give us this information. However, without the information, we may not be able to authorize you to collect a fee for providing payee services.

The information you provide may be disclosed to the Office of the President or to a congressional office requesting information on your behalf, to the General Services Administration and the National Archives and Records Administration for conducting records management studies, and to contractors and other Federal agencies, as necessary, to assist in the administration of Social Security Administration programs.

We may also use this information when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**Paperwork Reduction Act Statement:** This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

## Important Information

**Please note: Vehicle includes motor vehicles, ORVs, and snowmobiles. Vessel includes watercraft.**

Michigan law [MCL 257.252a, 81151, or 82161 2014 PA 549] presumes that the last owner of record as kept by the Secretary of State of a vehicle is responsible for abandoning a vehicle unless the person provides a record of sale or transfer. Michigan law (80130f 2014 PA 549) presumes that the last titled owner, if there is no titled owner the last registered owner of a vessel, is responsible for abandoning a vessel unless the person provides a record of the transfer of the vessel to another person. A violation for abandoning a vehicle and not redeeming it before disposition is determined under MCL 257.252g or Section 81151(3) or Section 82161(3) 2014 PA 549, or for abandoning a vessel and not redeeming it before disposition is determined under Section 80130k, will result in a civil infraction and subject the owner to a civil fine of \$50 plus costs, state assessments, and other statutory penalties.

A person who violates Section 324 8905a(4) is responsible for a state civil infraction and is subject to a civil fine of not less than \$500.00 or more than \$2,500.00. A person found to have committed a violation described in this subsection in a subsequent proceeding is subject to a civil fine of not less than \$1,000.00 or more than \$5,000.00 plus costs, state assessments, and other statutory penalties.

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**Abandoned vehicle references MCL 257.252 a through l. Abandoned vessel references Section 80130, abandoned ORV references Section 81151, and abandoned snowmobile references Section 82161 2014 PA 549.**

### Abandoned Vehicle or Vessel includes:

- A vehicle or vessel on private property without the consent of the owner.
- A vehicle or vessel that has remained on public property for not less than 48 hours.
- A vehicle that has remained on a state trunk line for not less than 18 hours if a valid registration plate is affixed to the vehicle.
- A vehicle that has remained on a state trunk line if a valid registration plate is not affixed to the vehicle.
- A vessel that has remained on a state trunk line and is not on a motor vehicle or trailer and is not under the immediate custody of the owner.
- A vessel on a motor vehicle or trailer if the motor vehicle or trailer displays a valid registration plate and has been on a state trunk line for no less than 18 hours and is not under the immediate custody of the owner.

Before determining that a vehicle or vessel is abandoned, the police check to see if it is reported as stolen.

1. Within 24 hours after taking an abandoned vehicle or vessel into custody, law enforcement agency notifies the Michigan Department of State (MDOS) that it has been deemed abandoned. Within seven days of receiving notice from law enforcement, MDOS sends the Notice of Abandoned Vehicle/Vessel to the owner of record as kept by the Secretary of State and any secured parties on record.
2. The owner of record as kept by the Secretary of State (including lessor/lessee) has 20 days from the date of the Notice of Abandoned Vehicle/Vessel to either:
  - a) Redeem the vehicle or vessel by paying the accrued towing, storage and abandoned fees to the custodian of the vehicle or vessel, or
  - b) Contest that the vehicle or vessel was properly deemed abandoned, or contest the reasonableness of the towing and daily storage fees by completing the attached petition to request a hearing with the court shown on the front of this form. The petition must be submitted by mail or filed in person at the court.

An owner who requests a hearing may obtain release of the vehicle or vessel by posting a towing and storage bond with the court, or by paying the abandoned fees to the court and the accrued towing and storage fees to the custodian instead of posting a towing and storage bond. If the court finds the vehicle or vessel was improperly deemed abandoned or removed, the law enforcement agency will reimburse the owner for the towing, storage, and abandoned fees.

3. If the owner of record as kept by the Secretary of State (including lessor/lessee) does not redeem the vehicle or vessel, or request a hearing within 20 days after the date of this notice:
  - a) The secured party may obtain the release of the vehicle or vessel by paying the accrued charges to the custodian of the vehicle or vessel, or
  - b) The vehicle or vessel may be sold at public auction. If the owner requests a hearing, the vehicle or vessel may be sold at public auction if it is not redeemed by the owner within 20 days after the disposition of the hearing.

Upon sale, the law enforcement agency completes a Bill of Sale. The Bill of Sale is used by the purchaser to apply for title or registration in purchaser's name at a Secretary of State office.

4. If there are no bidders on the vehicle or vessel, the law enforcement agency may do one of the following:
  - (a) Turn the vehicle or vessel over to the towing firm to satisfy charges against the vehicle or vessel. However, if the proceeds from the sale of the vehicle or vessel do not satisfy the towing fees and accrued daily storage fees, the custodian of the vehicle or vessel may collect the balance of those unpaid fees from the last owner of record as kept by the Secretary of State, subject to MCL 257.252i or Sections 80130m, 81151, and 82161 2014 PA 549.
  - (b) Obtain title to the vehicle or vessel for the police agency or the unit of government the police agency represents, by paying the towing and storage charges and applying for title to the vehicle or vessel.
  - (c) Hold another public sale pursuant to MCL 257.252g(1) or Sections 80130k(3)(c), 81151, and 82161 2014 PA 549.

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**Registered, Abandoned, Scrap Vehicle or Scrap Vessel:** Per MCL 257.252b(1)(a) or Sections 80130g(1)(a), 81151, and 82161 2014 PA 549, a registered, abandoned, scrap vehicle or scrap vessel is an abandoned vehicle or vessel that is seven or more years old, is currently registered or titled in Michigan or displays a valid current-year registration plate from another state, and is apparently inoperable or is extensively damaged to the extent that the cost of repairing it to make it operational and safe exceeds its fair market value.

1. Follows only steps 1 through 3 listed above for abandoned vehicles or vessels.
2. If the vehicle or vessel is not redeemed by the owner of record as kept by the Secretary of State or secured party within 20 days of this notice or 20 days after a hearing, the law enforcement agency will release the vehicle to a towing service, used or secondhand vehicle parts dealer, scrap metal processor, automotive recycler, or foreign salvage vehicle dealer or release the vessel to a scrap metal processor or landfill operator. Both will require the completion of the Certificate of Scrapping form.



Michigan Department of State  
NOTICE OF ABANDONED VEHICLE/VESSEL

*Please note: Vehicle includes motor vehicles, ORVs, and snowmobiles. Vessel includes watercraft.*

**PROOF OF NOTICE CERTIFICATE**

I certify that I am eighteen years of age or older, and that on this date the Department served a copy of this original Notice of Abandoned Vehicle and Petition for Hearing on Abandoned Vehicle/Vessel to each party of record by United States mail from Lansing, Michigan, as provided in Section 212 of the Michigan Vehicle Code (MCL 257.212).

T. Bradley

Date of Notice 01/14/2019  
Complaint Number 8234907-DPDGL

AUGUSTA CHRISTINE BOWLES-BROADUS  
2230 E VERNOR HWY APT 2  
DETROIT MI 48207

Court Name 36TH DISTRICT COURT  
Court Address 421 MADISON ST  
2ND FLOOR  
DETROIT, MI

Our records indicate that you are the titled or registered owner of the vehicle/vessel listed below. This is to notify you and any secured party on record that this vehicle/vessel was taken into custody as an abandoned vehicle/vessel by the law enforcement agency listed below.

Unless this is an unregistered, abandoned, scrap vehicle/vessel, you have 20 days from the date of this notice to redeem it by paying the fees and accrued charges to the custodian of the vehicle/vessel. The vehicle/vessel may be sold at public auction after 20 days. **However, if the proceeds from the sale of the vehicle/vessel do not satisfy the towing fees and accrued daily storage fees, the custodian of the vehicle/vessel may collect the balance of those unpaid fees from the last titled or registered owner, subject to MCL 257.252i or Sections 80130m, 81151, and 82161 2014 PA 549.**

You may also contest that this vehicle/vessel was properly deemed abandoned, removed, or the reasonableness of the towing and daily storage fees by completing the enclosed petition to request a hearing with the court listed above. The petition must be filed with the court by mail or in person within 20 days of the date of this notice. Please refer to the back of this form and the enclosed petition for more information.

**WARNING:** If you do not redeem an abandoned vehicle/vessel or request a hearing within 20 days of the date of this notice, the law enforcement agency may transfer ownership of the vehicle/vessel and terminate all rights of the owner and any secured parties to the vehicle/vessel or to the proceeds of the vehicle/vessel sale.

**Vehicle Information:**

Year	Make	VIN/HIN/Serial Number	Model and Body Style
2000	NISSAN	JN1CA31A8YT033781	4D

**Owner Name and Address:**

AUGUSTA CHRISTINE BOWLES-BROADUS  
2230 E VERNOR HWY APT 2  
DETROIT MI 48207

**First Secured Party Name and Address:**

**Second Secured Party Name and Address:**

## Important Information

**Please note: Vehicle includes motor vehicles, ORVs, and snowmobiles. Vessel includes watercraft.**

Michigan law [MCL 257.252a, 81151, or 82161 2014 PA 549] presumes that the last owner of record as kept by the Secretary of State of a vehicle is responsible for abandoning a vehicle unless the person provides a record of sale or transfer. Michigan law (80130f 2014 PA 549) presumes that the last titled owner, if there is no titled owner the last registered owner of a vessel, is responsible for abandoning a vessel unless the person provides a record of the transfer of the vessel to another person. A violation for abandoning a vehicle and not redeeming it before disposition is determined under MCL 257.252g or Section 81151(3) or Section 82161(3) 2014 PA 549, or for abandoning a vessel and not redeeming it before disposition is determined under Section 80130k, will result in a civil infraction and subject the owner to a civil fine of \$500 plus costs, state assessments, and other statutory penalties.

A person who violates Section 324.8905a(4) is responsible for a state civil infraction and is subject to a civil fine of not less than \$500.00 or more than \$2,500.00. A person found to have committed a violation described in this subsection in a subsequent proceeding is subject to a civil fine of not less than \$1,000.00 or more than \$5,000.00 plus costs, state assessments, and other statutory penalties.

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**Abandoned vehicle references MCL 257.252 a through i. Abandoned vessel references Section 80130, abandoned ORV references Section 81151, and abandoned snowmobile references Section 82161 2014 PA 549.**

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- A vehicle that has remained on a state trunk line for not less than 18 hours if a valid registration plate is affixed to the vehicle.
- A vehicle that has remained on a state trunk line if a valid registration plate is not affixed to the vehicle.
- A vessel that has remained on a state trunk line and is not on a motor vehicle or trailer and is not under the immediate custody of the owner.
- A vessel on a motor vehicle or trailer if the motor vehicle or trailer displays a valid registration plate and has been on a state trunk line for no less than 18 hours and is not under the immediate custody of the owner.

Before determining that a vehicle or vessel is abandoned, the police check to see if it is reported as stolen.

1. Within 24 hours after taking an abandoned vehicle or vessel into custody, law enforcement agency notifies the Michigan Department of State (MDOS) that it has been deemed abandoned. Within seven days of receiving notice from law enforcement, MDOS sends the Notice of Abandoned Vehicle/Vessel to the owner of record as kept by the Secretary of State and any secured parties on record.
2. The owner of record as kept by the Secretary of State (including lessor/lessee) has 20 days from the date of the Notice of Abandoned Vehicle/Vessel to either:
  - a) Redeem the vehicle or vessel by paying the accrued towing, storage and abandoned fees to the custodian of the vehicle or vessel, or
  - b) Contest that the vehicle or vessel was properly deemed abandoned, or contest the reasonableness of the towing and daily storage fees by completing the attached petition to request a hearing with the court shown on the front of this form. The petition must be submitted by mail or filed in person at the court.

An owner who requests a hearing may obtain release of the vehicle or vessel by posting a towing and storage bond with the court, or by paying the abandoned fees to the court and the accrued towing and storage fees to the custodian instead of posting a towing and storage bond. If the court finds the vehicle or vessel was improperly deemed abandoned or removed, the law enforcement agency will reimburse the owner for the towing, storage, and abandoned fees.

3. If the owner of record as kept by the Secretary of State (including lessor/lessee) does not redeem the vehicle or vessel, or request a hearing within 20 days after the date of this notice:
  - a) The secured party may obtain the release of the vehicle or vessel by paying the accrued charges to the custodian of the vehicle or vessel, or
  - b) The vehicle or vessel may be sold at public auction. If the owner requests a hearing, the vehicle or vessel may be sold at public auction if it is not redeemed by the owner within 20 days after the disposition of the hearing.

Upon sale, the law enforcement agency completes a Bill of Sale. The Bill of Sale is used by the purchaser to apply for title or registration in purchaser's name at a Secretary of State office.

4. If there are no bidders on the vehicle or vessel, the law enforcement agency may do one of the following:
  - (a) Turn the vehicle or vessel over to the towing firm to satisfy charges against the vehicle or vessel. However, if the proceeds from the sale of the vehicle or vessel do not satisfy the towing fees and accrued daily storage fees, the custodian of the vehicle or vessel may collect the balance of those unpaid fees from the last owner of record as kept by the Secretary of State, subject to MCL 257.252i or Sections 80130m, 81151, and 82161 2014 PA 549.
  - (b) Obtain title to the vehicle or vessel for the police agency or the unit of government the police agency represents, by paying the towing and storage charges and applying for title to the vehicle or vessel.
  - (c) Hold another public sale pursuant to MCL 257.252g(1) or Sections 80130k(3)(c), 81151, and 82161 2014 PA 549.

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**Registered, Abandoned, Scrap Vehicle or Scrap Vessel:** Per MCL 257.252b(1)(a) or Sections 80130g(1)(a), 81151, and 82161 2014 PA 549, a registered, abandoned, scrap vehicle or scrap vessel is an abandoned vehicle or vessel that is seven or more years old, is currently registered or titled in Michigan or displays a valid current-year registration plate from another state, and is apparently inoperable or is extensively damaged to the extent that the cost of repairing it to make it operational and safe exceeds its fair market value.

1. Follows only steps 1 through 3 listed above for abandoned vehicles or vessels.
2. If the vehicle or vessel is not redeemed by the owner of record as kept by the Secretary of State or secured party within 20 days of this notice or 20 days after a hearing, the law enforcement agency will release the vehicle to a towing service, used or secondhand vehicle parts dealer, scrap metal processor, automotive recycler, or foreign salvage vehicle dealer or release the vessel to a scrap metal processor or landfill operator. Both will require the completion of the Certificate of Scrapping form.

## Michigan Department of State

## PETITION FOR HEARING ON ABANDONED VEHICLE/VESSEL

*Please note: Vehicle includes motor vehicles, ORVs, and snowmobiles. Vessel includes watercraft.*

**Notice to the Court:** A bond for the release of an abandoned vehicle/vessel, pending the court hearing, must cover the accrued towing and storage fees and the \$40 abandoned vehicle fee. In the event of bond forfeiture, please remit \$25 of the abandoned vehicle fee to: State of Michigan Abandoned Vehicle Attn: Cashier Unit, 7064 Crowser Drive, Lansing, MI 48918. Please include the VIN/HIN/Serial number of the vehicle or vessel. Remit the remaining \$15 of the abandoned fee to the towing agency in accordance with MCL 257.252f(3)(a) or Section 80130j(3)(a), 81151, and 82161 2014 PA 549.

Date of Notice 01/14/2019  
Complaint Number 8234907-DPDGL

36TH DISTRICT COURT  
421 MADISON ST  
2ND FLOOR  
DETROIT, MI

48226

**I request a court hearing to contest [check box(es) that apply]:**

- ☐ The vehicle/vessel was properly deemed abandoned or removed according to law  
☐ The reasonableness of the towing or storage fees

X

Signature of Petitioner

Date of Signature

**Notice to owner:**

If you wish to contest that this vehicle/vessel was properly deemed abandoned, removed, or the reasonableness of the towing and daily storage fees, complete this petition to request a hearing with the court listed above. The petition must be filed with the court either by mail or in person within 20 days of the date of this notice, accompanied by a \$75 court filing fee.

If you do not request a hearing, you may redeem this vehicle/vessel by paying the fees and accrued charges to the custodian of the vehicle/vessel. If you request a hearing, the matter will be resolved after the hearing is conducted in court. You may obtain release of the vehicle/vessel by paying the fees and accrued charges to the custodian of the vehicle/vessel or by posting a bond with the court for the abandoned vehicle fee, towing and storage charges. If the court finds the vehicle/vessel was not properly deemed abandoned or removed, the law enforcement agency will reimburse you for the towing and storage fees.

**Vehicle/Vessel Information:**

Year	Make	VIN/HIN/Serial Number	Model and Body Style
2000	NISSAN	JN1CA31A8YT033781	4D

**Owner Name and Address:**

AUGUSTA CHRISTINE BOWLES-BROADUS  
2230 E VERNOR HWY APT 2  
DETROIT MI 48207

**First Secured Party Name and Address:****Second Secured Party Name and Address:****Law Enforcement Agency Name and Address:**

DETROIT POLICE DEPARTMENT

If you request assistance for a shelter-related item, energy (heating fuel and/or electricity) or other utilities, you must prove you have paid the amount(s) listed below before receiving emergency assistance.

All Shelter Obligations, including all your rent, mortgage or land contract payments and property taxes.

Energy Payment Obligations, Heating Fuel \$ 40.00 and Electricity \$ 22.00 every month. In addition to these amounts, you must pay any special heating and/or electric allowances, home heating credit, payments or vouchers received from a governmental agency.

Water and/or cooking gas \$ 8.00 every month.



**Housing Authority of the County of Santa Barbara**

[www.hasbarco.org](http://www.hasbarco.org)

P.O. Box 397 • Lompoc, CA 93438-0397

815 West Ocean Avenue • Lompoc, CA 93436

(805) 736-3423 • FAX (805) 735-7672 • TDD (800) 545-1833 Ext. 594

September 01, 2017

**AUGUSTA BROADUS**  
2230 E. Vernor Apt. 7  
Detroit, MI 48207

[illegible]

Registration Code: 1310-TT0030560

### **Final Notice – Save My Spot**

Dear AUGUSTA BROADUS,

This is your second and final notice to verify your continued interest in the HACSB waiting list(s). Please complete the certification below and return this letter if you are interested in remaining on the following waiting list(s).

Waiting List(s)	Application Date/Time	Bed Size
Parkview	6/23/2016 10:41:42 AM	1

**Failure to return the certification by September 22, 2017 will result in your removal from all of our waiting lists.**

**We encourage you to save your spot on RENTCafe PHA with the above registration code. Please see instructions below:**

1. Go to [www.hasbarco.org](http://www.hasbarco.org)
2. Click "Applicants Click Here for RENTCafe PHA"
3. Proceed to Option 2 and then click "Click Here to Register"
4. Follow the prompts and enter the required registration information including the Registration Code listed above
5. Follow the prompts to the "Save My Spot" button to remain on particular waiting lists

Please call our offices at (805) 736-3423 if you have any questions or require a reasonable accommodation to complete this process.

Sincerely,

## Housing Management

**COMPLETE THE CERTIFICATION BELOW:**

Please take the following action to update my interest on the above waiting list(s):

- ☐ I have registered and have "Saved my Spot"
- ☐ I am still interested in remaining on the waiting list(s)
- ☐ I am unable to register online because:
- ☒ Remove me from all waiting lists

Signature

Date \_\_\_\_\_

Official Use:

Date Received:

Code: t0030560

Date Updated:

Date Sent: September 01, 2017

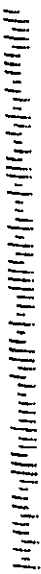
Updated By:



Ctrl# WLA185001 Batch# 2 Group# 139901



48207-515402



Augusta C. Broadus  
2230 E Vernor Hwy #2  
Detroit, MI 48207

METROPLEX MI 4820  
07 DEC 2018 PM 5 L



NON AFFRANCARE



~~Notice to~~  
~~Agents and~~  
~~Principals~~  
~~Correct Your records~~

Stamp check here if this is a new address

Correct Your records

In care of, Two, Two, Three

[2230], East Vermont Highway

Department, Two, [2]. Detroit, Michigan

Michigan State, Township

the United State of America

FIRST CLASS MAIL

"Stop the Mail Fraud  
and Paper Terrorism"  
Upon the "public vesleys"  
And Larceny by Trick.

and 1919 2-18-mc-505

MAILED IN ONYTO: a foreign state

DO NOT WRITE IN THESE SPACES

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2. The owner of record as kept by the Secretary of State (including lessor/lessee) has 20 days from the date of the Notice of Abandoned Vehicle/Vessel to either:
  - a) Redeem the vehicle or vessel by paying the accrued towing, storage and abandoned fees to the custodian of the vehicle or vessel, or
  - b) Contest that the vehicle or vessel was properly deemed abandoned, or contest the reasonableness of the towing and daily storage fees by completing the attached petition to request a hearing with the court shown on the front of this form. The petition must be submitted by mail or filed in person at the court.

An owner who requests a hearing may obtain release of the vehicle or vessel by posting a towing and storage bond with the court, or by paying the abandoned fees to the court and the accrued towing and storage fees to the custodian instead of posting a towing and storage bond. If the court finds the vehicle or vessel was improperly deemed abandoned or removed, the law enforcement agency will reimburse the owner for the towing, storage, and abandoned fees.

3. If the owner of record as kept by the Secretary of State (including lessor/lessee) does not redeem the vehicle or vessel, or request a hearing within 20 days after the date of this notice:
  - a) The secured party may obtain the release of the vehicle or vessel by paying the accrued charges to the custodian of the vehicle or vessel, or
  - b) The vehicle or vessel may be sold at public auction. If the owner requests a hearing, the vehicle or vessel may be sold at public auction if it is not redeemed by the owner within 20 days after the disposition of the hearing.

Upon sale, the law enforcement agency completes a Bill of Sale. The Bill of Sale is used by the purchaser to apply for title or registration in purchaser's name at a Secretary of State office.

4. If there are no bidders on the vehicle or vessel, the law enforcement agency may do one of the following:
  - (a) Turn the vehicle or vessel over to the towing firm to satisfy charges against the vehicle or vessel. However, if the proceeds from the sale of the vehicle or vessel do not satisfy the towing fees and accrued daily storage fees, the custodian of the vehicle or vessel may collect the balance of those unpaid fees from the last owner of record as kept by the Secretary of State, subject to MCL 257.252i or Sections 80130m, 81151, and 82161 2014 PA 549.
  - (b) Obtain title to the vehicle or vessel for the police agency or the unit of government the police agency represents, by paying the towing and storage charges and applying for title to the vehicle or vessel.
  - (c) Hold another public sale pursuant to MCL 257.252g(1) or Sections 80130k(3)(c), 81151, and 82161 2014 PA 549.

**Registered, Abandoned, Scrap Vehicle or Scrap Vessel:** Per MCL 257.252b(1)(a) or Sections 80130g(1)(a), 81151, and 82161 2014 PA 549, a registered, abandoned, scrap vehicle or scrap vessel is an abandoned vehicle or vessel that is seven or more years old, is currently registered or titled in Michigan or displays a valid current-year registration plate from another state, and is apparently inoperable or is extensively damaged to the extent that the cost of repairing it to make it operational and safe exceeds its fair market value.

1. Follows only steps 1 through 3 listed above for abandoned vehicles or vessels.
2. If the vehicle or vessel is not redeemed by the owner of record as kept by the Secretary of State or secured party within 20 days of this notice or 20 days after a hearing, the law enforcement agency will release the vehicle to a towing service, used or secondhand vehicle parts dealer, scrap metal processor, automotive recycler, or foreign salvage vehicle dealer or release the vessel to a scrap metal processor or landfill operator. Both will require the completion of the Certificate of Scrapping form.

**Unregistered, Abandoned, Scrap Vehicle or Scrap Vessel:** Per MCL 257.252b(1)(b) or Sections 80130g(1)(b), 81151, and 82161 2014 PA 549, an unregistered, abandoned, scrap vehicle is an abandoned vehicle that is seven or more years old, is not currently registered in Michigan and does not display a valid current-year registration plate from another state, and is apparently inoperable or is extensively damaged to the extent that the cost of

**Michigan Department of State**  
**PETITION FOR HEARING ON ABANDONED VEHICLE/VESSEL**

*Please note: Vehicle includes motor vehicles, ORVs, and snowmobiles. Vessel includes watercraft.*

**Notice to the Court:** A bond for the release of an abandoned vehicle/vessel, pending the court hearing, must cover the accrued towing and storage fees and the \$40 abandoned vehicle fee. In the event of bond forfeiture, please remit \$25 of the abandoned vehicle fee to: State of Michigan Abandoned Vehicle Attn: Cashier Unit, 7064 Crowner Drive, Lansing, MI 48918. Please include the VIN/HIN/Serial number of the vehicle or vessel. Remit the remaining \$15 of the abandoned fee to the towing agency in accordance with MCL 257.252f(3)(a) or Section 80130j(3)(a), 81151, and 82161 2014 PA 549.

Date of Notice 01/14/2019  
Complaint Number 8234907-DPDGL

36TH DISTRICT COURT  
421 MADISON ST  
2ND FLOOR  
DETROIT, MI

48226

**I request a court hearing to contest [check box(es) that apply]:**

- ☐ The vehicle/vessel was properly deemed abandoned or removed according to law  
☐ The reasonableness of the towing or storage fees

**X**

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date of Signature

**Notice to owner:**

If you wish to contest that this vehicle/vessel was properly deemed abandoned, removed, or the reasonableness of the towing and daily storage fees, complete this petition to request a hearing with the court listed above. The petition must be filed with the court either by mail or in person within 20 days of the date of this notice, accompanied by a \$75 court filing fee.

If you do not request a hearing, you may redeem this vehicle/vessel by paying the fees and accrued charges to the custodian of the vehicle/vessel. If you request a hearing, the matter will be resolved after the hearing is conducted in court. You may obtain release of the vehicle/vessel by paying the fees and accrued charges to the custodian of the vehicle/vessel or by posting a bond with the court for the abandoned vehicle fee, towing and storage charges. If the court finds the vehicle/vessel was not properly deemed abandoned or removed, the law enforcement agency will reimburse you for the towing and storage fees.

**Vehicle/Vessel Information:**

Year	Make	VIN/HIN/Serial Number	Model and Body Style
2000	NISSAN	JN1CA31A8YT033781	4D

**Owner Name and Address:**

AUGUSTA CHRISTINE BOWLES-BROADUS  
2230 E VERNOR HWY APT 2  
DETROIT MI 48207

**First Secured Party Name and Address:**

**Second Secured Party Name and Address:**

**Law Enforcement Agency Name and Address:**

DETROIT POLICE DEPARTMENT  
2121 W FORT ST  
DETROIT, MI 48216

**Date Vehicle/Vessel Taken Into Custody and Approximate Location From Which it was Taken Into Custody:**

01/06/2019 BALDWIN/ E LAFAYETTE DETROIT

Residential Electric Service	71.79
Residential Gas Heating	60.13
Other Charges and Credit	32.25
<b>Total Current Charges</b>	<b>164.17</b>
<b>Account Balance as of January 08, 2019</b>	<b>\$1,773.68</b>

1230

• Your current charges are due on January 28, 2019. A 2% late payment charge will be applied if paid after the due date.

## Important Information

### Account Information

Beginning in January, the Power Supply Cost Recovery (PSCR) factor will increase from a credit of (0.087) cents per kwh to a surcharge of 0.181 cents per kwh. The PSCR factor allows DTE Electric to recover from customers the actual fuel and purchased power expense - there is no profit or markup.

Beginning in January, the Energy Waste Reduction Surcharge will increase from 0.4322 cents per kwh to 0.4487 cents per kWh. The average customer bill, using 650 kwh per month, will increase by approximately 11 cents.

Your electric bill includes the Transitional Recovery Mechanism (TRM) surcharge, which was approved by the Michigan Public Service Commission to recover a portion of the costs associated with expanding our distribution system to serve former City of Detroit Public Lighting Department customers. This charge is effective for six months and will be approximately \$0.87 each month for the average residential customer, using 650 kwh per month.

The average DTE Gas residential customer is expected to save \$2.37 each month because of energy optimization programs over the remaining program life.

For the average Michigan residential customer, renewable energy is estimated to avoid \$3.08 per month of new coal-fired generation costs.

Your account is past due. Please pay the past-due balance now. To pay by phone, call us at 800.477.4747. If paid, please disregard this notice.

Have you been contacted about changing natural gas suppliers? Understand your rights and what you need to know before you switch. Visit [dteenergy.com/gaschoice](http://dteenergy.com/gaschoice) or [Michigan.gov/CompareMIGas](http://Michigan.gov/CompareMIGas) to get informed.



[96]

Summary of Charges	
Account Balance as of Dec 06, 2018	1,799.51
Payment Received Dec 15, 2018 Thank You!	- 95.00
Payment Received Jan 08, 2019 Thank You!	- 95.00
Balance Prior to Current Charges	1,609.51
Your account remains past due. Please pay 1497.17 before 01/24/2019 to avoid SHUTOFF.	
Current Charges	

**SHUTOFF NOTICE**

**Contact Information**

Gas Leak or Gas Emergency 800.947.5000  
 Customer Service or Power Outage 800.477.4747  
 Hearing-Impaired TDD Line 800.888.6886 (Mon-Fri 8am-5pm)  
 Web Site dteenergy.com

**Programs you are enrolled in**

1098 1 AV 0.370\*\*T0052\*P01\*M01\*\*AUTO\*\*SCH 5-DIGIT 48207  
 AUGUSTA CHRISTINE BOWLES-BROADUS  
 APT 2  
 2230 E VERNOR HWY  
 DETROIT MI 48207-5154

Mail Payments to:  
 DTE Energy  
 P.O. Box 740786  
 Cincinnati OH 45274-0786

For address corrections, please visit dteenergy.com  
 or call 800.477.4747.

Return upper portion with your payment 200461143627  
 Keep lower portion for your records

Account Number	9100 271 2451 0
**AVOID SHUTOFF	1,497.17
Total Due:	\$1,773.68

Please indicate amount paying \$

AVOID SHUTOFF PAY \$1497.17 BEFORE 01/24/2019

[68]

payment when at the customer's premise to disconnect electric and/or gas services (s).

To avoid shut off, pay the past due amount by the date indicated on the front of the bill using one of the following methods:

- Automated pay agents, located throughout Michigan, accept cash, checks and money orders. To assure your payment is posted to your account prior to the day it is available for disconnection, payments must be made a minimum of 5 business days prior to the date indicated in the Summary of Charges section on the front of this bill. If no date is indicated, your service is subject to immediate shut off and you should contact DTE Energy immediately. To find the nearest agent, contact DTE Energy at 800.477.4747 or visit our Web Site at [dteenergy.com](http://dteenergy.com).
- Pay by credit card or personal check by calling 800.477.4747.
- Checks and money orders are accepted by mail, addressed to DTE Energy, Box 740786, Cincinnati, OH 45274-0786. If paying by mail, payment must be received before the shut-off date.

Your account has been terminated from LSP program. As a result, you may be eligible for SER funding this fiscal year.

Make savings your New Year's resolution! Learn more at [dteenergy.com/saveenergy](http://dteenergy.com/saveenergy).

Longer bill cycles and extreme cold can increase your bill even if you haven't changed your usage. Learn more at [dteenergy.com/staywarm](http://dteenergy.com/staywarm).

About 400 people die each year from CO exposure in the U.S. To learn more about the silent killer, visit [dteenergy.com/CO](http://dteenergy.com/CO)

If your service is shut off, please call 800.477.4747 to obtain the total amount required to restore service. This will include the past-due amount, a deposit and all other past due amounts before your service is restored. If DTE Energy is your provider for gas and electric, the past-due amount required applies to both services. Past due amounts for electric services are \$1027.01 and for gas services are \$660.16. If service is shut off, please call 800.477.4747 to obtain the total amount required to restore service. If you have an Advanced Meter your service will be shut off remotely without a visit to your location.

**Other Information**

## Detail of Current Charges

For Service at 2230 E Vernor Hwy Apt 2, Detroit, MI

### DTE Electric Company Residential Electric Service

#### Current Charges

##### Power Supply Charges

Power Supply Capacity Charge	428 KWH @ 0.030650	13.12
Power Supply Non Capacity Charge	428 KWH @ 0.047670	20.40
Power Supply Cost Recovery	428 KWH @ 0.001810	0.77

##### Delivery Charges

Service Charge		7.50
Distribution	428 KWH @ 0.054300	23.24
Energy Waste Reduction	428 KWH @ 0.004487	1.92
LIEAF Factor		0.93
Nuclear Surcharge	428 KWH @ 0.000765	0.33
Tax Credit B	428 KWH @ -0.006666	-2.85
Transitional Recovery Mechanism	428 KWH @ 0.001344	0.58
Detroit Utility Tax		3.25
Residential Michigan Sales Tax		2.60

**Total DTE Electric Company Current Charges** 71.79

#### Current Billing Information

Service Period Dec 6, 2018 - Jan 7, 2019  
 Days Billed 33  
 Meter Number **8541616 04**  
 Meter Reading 17651 Actual - 18079 Actual  
 KWH Used 428  
 Your next scheduled meter read date is on or around FEB 4, 2019

#### Usage History - Average per day

	Current Month	Last Month	Year Ago
KWH Usage	13.0	11.7	14.4
Change		11%	-10%

### DTE Gas Company Residential Gas Heating

#### Current Charges

Customer Charge		11.25
Gas Distribution Charge	66 CCF @ 0.336830	22.23
Energy Waste Reduction	66 CCF @ 0.019880	1.31
U-20189 Credit B	66 CCF @ -0.022100	-1.46
Gas Cost Recovery	66 CCF @ 0.292000	19.27
IRM Surcharge		0.51
Reservation Charge	66 CCF @ 0.031000	2.05
U-20106 Credit A	66 CCF @ 0.000000	0.00
Detroit Utility Tax		2.76
Residential Michigan Sales Tax		2.21

**Total DTE Gas Company Current Charges** 60.13

#### Current Billing Information

Service Period Dec 6, 2018 - Jan 7, 2019  
 Days Billed 33  
 Meter Number **4419573716 04**  
 Meter Reading 9518 Actual - 9584 Actual  
 CCF Used 66  
 Your next scheduled meter read date is on or around FEB 4, 2019

#### Usage History - Average per day

	Current Month	Last Month	Year Ago
CCF Usage	2.0	1.8	3.1
Change		11%	-35%

910027124510 0177368 8

**DTE Energy****Payment Coupon**

AVOID SHUTOFF PAY \$1497.17 BEFORE 01/24/2019

Please indicate amount paying \$ \_\_\_\_\_

Account Number	9100 271 2451 0
**AVOID SHUTOFF	1,497.17
Total Due:	\$1,773.68

1098 1 AV 0.370\*\*T005\*2\*P01\*M01\*\*\*AUTO\*\*SCH 5-DIGIT 48207  
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Have you been contacted about changing natural gas suppliers? Understand your rights and what you need to know before you switch. Visit [dteenergy.com/gaschoice](http://dteenergy.com/gaschoice) or [Michigan.gov/CompareMIGas](http://Michigan.gov/CompareMIGas) to get informed.



Please note that an additional \$69.00 late fee is assessed however late fees will reach \$90.00 on an \$150.00 ticket

**UDC,LLC**

3460 Lotus Drive suite 150, Plano,TX 75075

AUGUSTA BROADUS  
2230 E VERNOR HWY APT 2  
DETROIT, MI 48207-5154



Notice. .... 386AR-4606

Notice Date. .... December 13, 2018

To contact us ..... 1-844-737-7243

**RE: Bank of America, Discover, Capital One, American Express, Wells Fargo\***

Dear Augusta Broadus,

Please contact our offices at 1-844-737-7243 within 10 days of receiving this notice regarding the adjustments of your credit accounts.

Our firm has recently settled accounts with JP Morgan Chase, Citibank, Bank of America, Discover, Capital One, HSBC, GE Money, Target and Wells Fargo. If you have accounts with these or other Lenders, you may be entitled to a settlement of your outstanding credit balance.

**\*\* Failure to Call \*\***

Failure to call and make your minimum monthly payments will likely result in interest accruing on your unsecured credit balances at an unreasonable rate. (In addition, penalties may accrue in the event of unpaid obligations.)

In order to determine the feasibility of an adjustment to your outstanding balance please contact our firm at 1-844-737-7243 within 10 days of receiving this notice to avoid unnecessary delays in processing your request.

**CONTACT OUR OFFICES:**

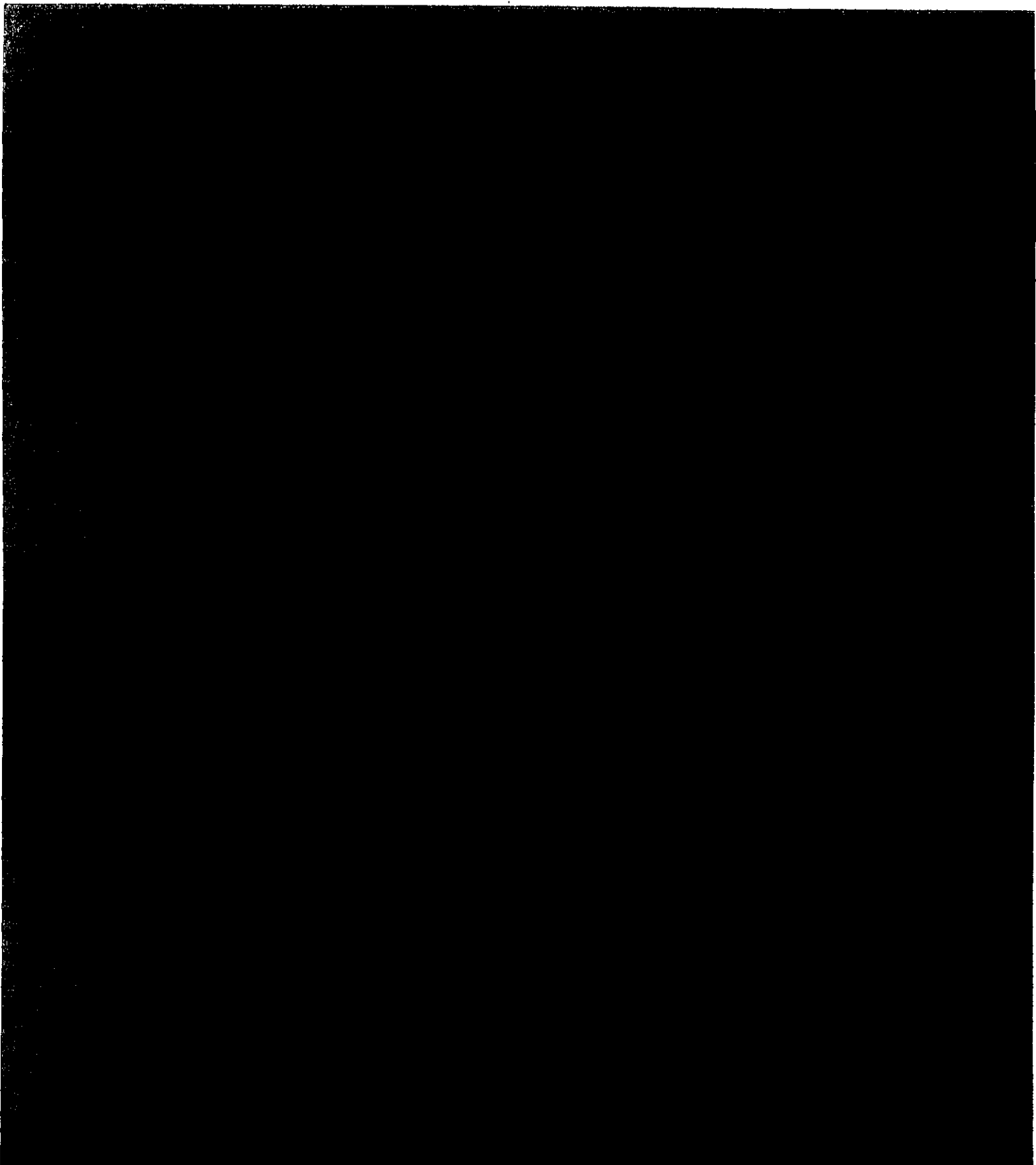
M-F 8am-8pm CST, Sat. - Sun. 9am - 1pm CST  
In reply refer to: 386AR-4606

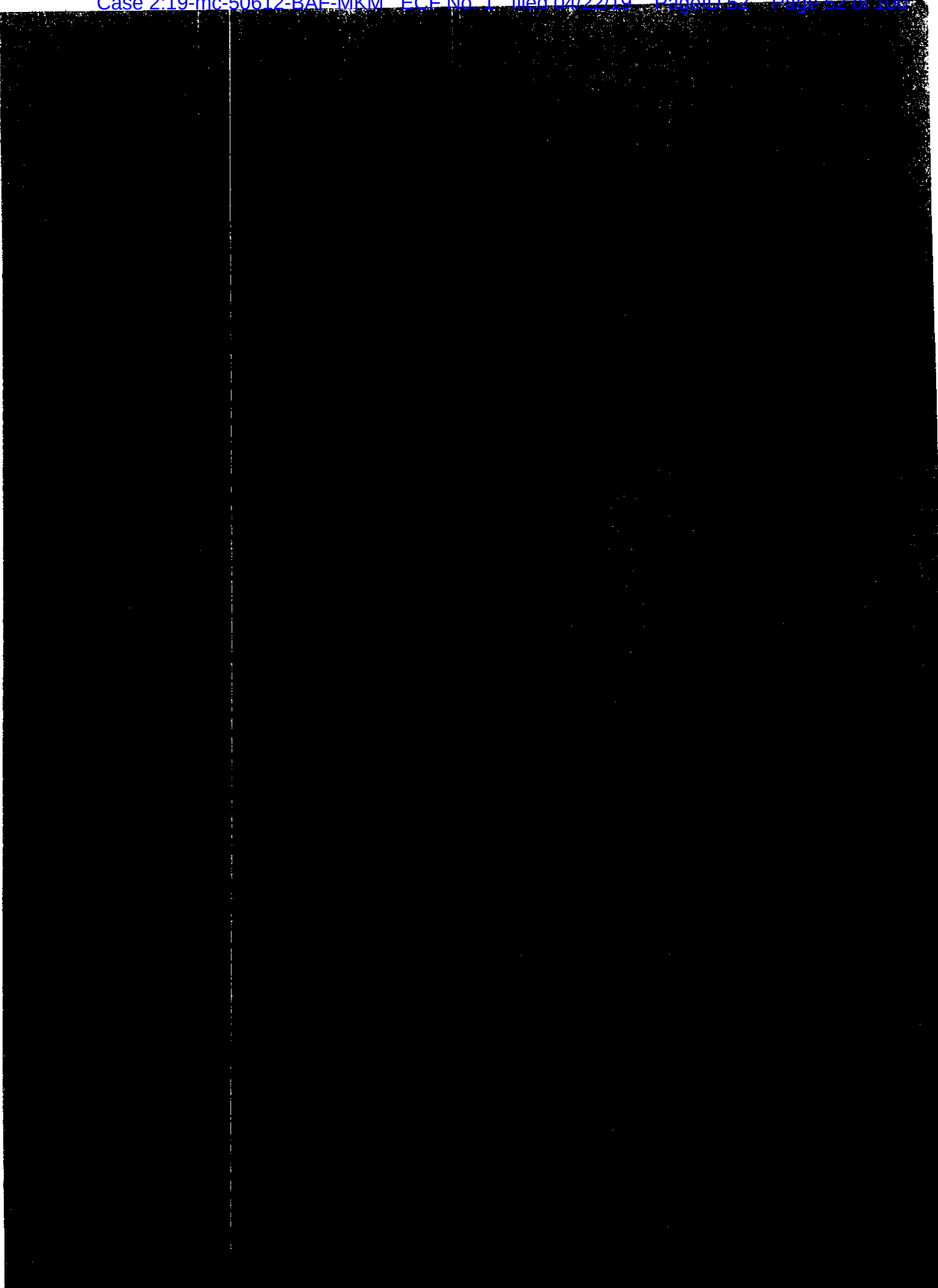
**PROGRAM EXAMPLE\*\***

Credit Card Debt: \$37,288.08  
Est. Settlement Amount: \$16,481.99  
Current Credit Card Payments: \$1,118.64  
New Proposed Program Payment: \$569.60  
Program Terms From 12-48 Months

Based on negotiated settlements. Program fees extra and vary.

[83]



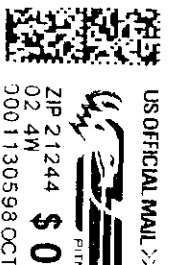
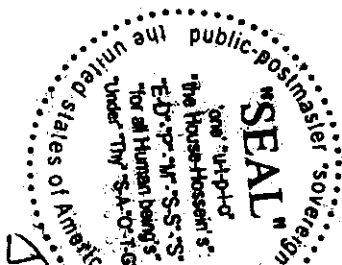


**SOCIAL SECURITY ADMINISTRATION**  
6401 SECURITY BLVD  
BALTIMORE MD 21235-6401

**OFFICIAL BUSINESS**

And will be "Evidences", AS MAIL FRAUDS, BY THE EVIDENCES, AND "UNDER YOURS OR THEIRS" PAR LAWS, UNITED STATES CODES TITLE 18 PART I CHAPTER 63 SUBSECTION, 1341, FRAUDS AND SWINDLES; 1342, "FICTITIOUS NAME OR ADDRESS"; and "Will Be" Before and On the Public Record Dates and/or Also known As, Docket Entry Numbers  
IDEN-71; On, ? - ? - 2017; See back.

AND, IT IS, UNDER "THEIRS OR YOURS", PAR, UNITED STATES "CODES", AND/OR U.S. TITLE 10 SUB SECTION, 921 "LARCENY BY TRICK AND WRONGFUL APPROPRIATION EXTORTION BY OFFICERS OR EMPLOYEES" OF THE "UNITED STATES" AND CHAPTER 41: "EXTORTION AND THREATS"; a, b, c, d, AND TITLE 18 SUB SECTION, 876 "MAILING THREATENING COMMUNICATIONS", a, b, c, d; AND TITLE 18 PART I CHAPTER 47, SUB SECTION, 1028 A. "AGGRAVATED IDENTITY "THEFT": a, OFFENSES 1. 2. 3. 4. 5. 6.;



ZIP 21244 \$0  
02 4W  
3001130568 OCT

**"RETURN TO SENDER", "IT IS", "MAIL FRAUDS", "NOTICE TO AGENT Is NOTICE TO PRINCIPAL NOTICED To "PRINCIPALS" Is NOTICE To "AGENTS". "Take" by "My", "public laws" "Notice and Actions "Before" and "Now" and "Forever". "It Is", "O\_r\_d\_e\_r\_e\_d", by the "Executors", Proper Names, Done on "I, Am", Shahid Ali, "only", and Done on "Any" and "All" "Executors", Proper Names, use or usage other then listed above, BY THE "Evidences", for "All" "Transgressions" and "Harms", And by "My", "Notice Intent" and "Fees Schedule": "Transgressions Fees" and "Payment Policies", WILL BE "CHARGED", IN THE AMOUNT OF, "Twenty Million Dollars", G/S20000000.00, per time, per letters; In "Equal Value" and/or "For Val and/or "Intrinsic Value" and "In Gold Troy Ounces, Gold (Au) Coins of .9999 pure Gold"; AND NOW BY THE EVIDENCES, 08 - 2017; CASE NUMBERS AND LETTERS, 2:17 - mc - 51086; AND DONE BY THE DECLARED DEFENDANTS ON ANY AND ALL, OF AND UNDER THE "FOREIGN STATES" AND/OR "FICTITIOUS CORPORATIONS" AND "FICTITIOUS CREATED ENTITIES", AND "EXECUTED WITHOUT" THE "FOREIGN STATES", U. S. A. OR U. S. AND/OR STATE OF MICHIGAN, OR MI, AND/OR WAYNE COUNTY OR COUNTY'S, AND ANY AND ALL, CITY'S OF, CITY'S; AND ANY AND ALL OF "YOURS OR THEIRS", "TERRITORIES" ARE, "FICTITIOUS FOREIGN JURISDICTIONS", WITH FOREIGN ZIP CODES, AND FOREIGN TWO LETTER STATES, AND ANY AND ALL ARE IN "DEFAULT", AND "DISHONORED IN COMMERCE"; AND FOR, ALL "Harms and Transgressions Fees" and Payments and on ALL Invoices Is Due, To Be Paid in gold or silver coins, In "Equal Value", One hundred twenty and nine trillion dollars; Or "Equal Value" In "Discharges"; The IRS Forms Like W-9, and "ALL" 1099 FORMS; 1096; DIV; CAP; ODD; A; B; C; AND TO BE CORRECTED AND COMPLETED ON ANY AND ALL FOR THE TOTAL(S) TO BE DISCHARGE(S) ON ALL THE EXECUTOR ACCOUNT(S), DONE BY THIS "FICTITIOUS CORPORATION" WILL HAVE NO LATER THEN, "FIFTEEN" (15) DAYS, AFTER THE DATE LISTED BELOW AND/OR WILL BE OR "Charged" "under the public laws only", DONE ON AND BY "YOURS", FICTITIOUS CONCEPTS LIKE "YOURS"**

Open a *my Social Security* Account  
SocialSecurity.gov





Open a *my Social Security* Account  
SocialSecurity.gov

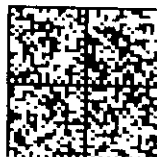


**SOCIAL SECURITY ADMINISTRATION**  
6401 SECURITY BLVD  
BALTIMORE MD 21235-6401

**OFFICIAL BUSINESS**

Mr. Ali Jihad  
26668 Lawrence Drive  
Dearborn Heights, MI 48127

4812763379 0075



US OFFICIAL MAIL >> PENALTY FOR  
PRIVATE USE \$500  
ZIP 21244 \$ 000.46<sup>0</sup>  
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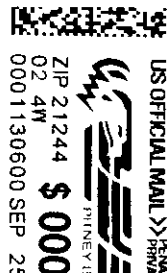
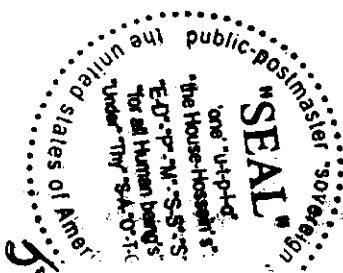
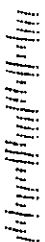
**"RETURN TO SENDER", IT IS MAIL FRAUDS, "NOTICE To AGENT Is NOTICE To PRINCIPAL ; NOTICED To PRINCIPAL Is NOTICE To AGENT"** . "Take public laws Notice and Actions", "Before" and "Now" and "Forever". "It Is", "O\_r\_d\_e\_r\_e\_d", by the "Executors", Proper Names, Done on "I, Am", Jihad ; Ali : or on "I, Am", Robert ; James I I ; or on "I, Am", Ahmed ; Ali : or on "I, Am", Hussein ; Mohamed : or on "I, Am", Ali ; Ahmad ; And "Any" and "All" "Executors", Proper Names, not listed, BY THE "Evidences", for "All" "Transgressions" and "Harms", AT THE UNITED STATES EASTERN DISTRICT COURT, DETROIT, MICHIGAN, 48226, 313-234-5005 ; THE PUBLIC RECORDS NUMBERS AND DATE ; and/or Also known As, Docket Entry Numbers One [ DEN 1 ] ; on 02-23-2015 ; 15 - 50289 ; And by "My", "Notice of Intent" and "Fees Schedule" ; "Transgressions Fees" and "Payment Policies", IN THE AMOUNT OF, "Twenty Million Dollars", G/S200000000.00 ; In "Equal Value" and/or "For Value" and/or "Intrinsic Value" and "In Gold Troy Ounces, Gold (Au) Coins of .9999 pure Gold" and "Will Be" Before and On the Public Records as "Evidences", And [ DEN 2 ] ; on 05-07-2015 ; 15 - 50662 ; And [ DEN 3 ] ; on 06 -22-2015 ; 15 - 50877 ; And [ DEN 4 ] ; 04-07 & 11-14 & 12-22- 2016 and Others 01-14-2017 : 15 - 50877 ; The I R S Forms Like, "ALL" 1099(S) FORMS ; W-9 ; 1096 ; DIV ; CAP ; OID ; A ; B ; C ; AND TO BE CORRECTED AND COMPLETED ON ANY AND "ALL" FOR THE TOTAL(S) TO BE DISCHARGE(S) ON "ALL" THE EXECUTOR ACCOUNT(S), DONE BY THIS "FICTITIOUS CORPORATION" WILL HAVE NO LATER THEN, "FIFTEEN" (15) DAYS, AFTER THE DATE LISTED BELOW AND/OR WILL BE OR "Charged" "under the public laws only", DONE ON AND BY "YOURS", FICTITIOUS CONCEPTS LIKE "YOURS" SOLAR CALENDAR, "IT IS" KNOWN AS ; -- -- 2017.

**SOCIAL SECURITY ADMINISTRATION**  
6401 SECURITY BLVD  
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**OFFICIAL BUSINESS**

And Will be "Evidences", AS MAIL  
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"UNDER YOURS OR THEIRS" PAR LAWS,  
U.S. CODES TITLE 18 PART I CHAPTER  
63 SUBSECTION, 1341, 1342, and "Will Be"  
Before and On the Public Record Dates and/or Also  
known As, Docket Entry Numbers [ DEN - ] ;  
On - - 2017 ; "I, Am", Jihad ; Ali ;  
"governor" and "judge" and "treasurer" ; See back.

AND ANY AND "ALL" HAVE BEEN  
"DECLARED" BEFORE, THE  
"TRANSGRESSORS", ALSO KNOWN AS,  
THE "DEFENDANTS", AND/OR  
"CONSPIRATORS" AND/OR "CO-  
CONSPIRATORS", AND "CONTINUAL  
CRIMINAL ENTERPRISE" (CCE), AND  
PSYCHOPATHS, AND DEMONIC  
BEINGS, AND NOW, "BUNCH OF  
RETARDED PEOPLES"; AND SEE BY THE  
EVIDENCES, CASE 2 : 17 - mc -  
51086 ; 08 - 08 - 2017 ; 42 PAGES TWO  
SIDED, WITH 25 PAGES, BY THE  
EVIDENCES OF "YOURS OR THEIRS",  
TRANSGRESSIONS AND HARMS ;



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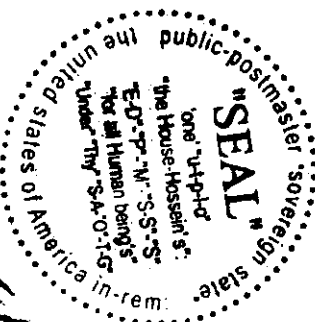
**"RETURN TO SENDER", IT IS MAIL FRAUDS, "NOTICE TO AGENT IS NOTICE TO PRINCIPAL IS NOTICE TO AGENT". "Take public laws Notice and Actions", "Before Now" and "Forever". "It Is", "O\_r\_d\_e\_r\_e\_d", by the "Executors", Proper Names, Done on "I, Jihad ; Ali ; or on "I, Am", Robert ; James ; or on "I, Am", Ahmed ; Ali ; or on "I, Am", Hussein ; Mohamed ; or on "I, Am", Ali ; Ahmad ; And "Any" and "All" "Executors", Proper Names not listed, BY THE "Evidences", for "All" "Transgressions" and "Harms", AT THE UNITED STATES EASTERN DISTRICT COURT, DETROIT, MICHIGAN, 48226, 313-234-5005 ; THE PUBLIC RECORD NUMBERS AND DATE ; and/or Also known As, Docket Entry Numbers One [ DEN 1 ] ; on 02-23-2014, 50289 ; And by "My", "Notice of Intent" and "Fees Schedule" ; "Transgressions Fees" and "Payment IN THE AMOUNT OF, "Twenty Million Dollars", G/S200000000.00 ; In "Equal Value" and/or "For V "Intrinsic Value" and "In Gold Troy Ounces, Gold (Au) Coins of .9999 pure Gold" and "Will Be" Before and On the Records as "Evidences", And [ DEN 2 ] ; on 05-07-2015 ; 15 - 50662 ; And [ DEN 3 ] ; on 06-22-2015 50877 ; And [ DEN 4 ] ; 04-07 & 11-14 & 12-22-2016 and Others 01-14-2017 ; 15 - 50877 ; The IRS Like, "ALL" 1099(S) FORMS ; W-9 ; 1096 ; DIV ; CAP ; OID ; A ; B ; C ; AND TO BE CORRECTED, COMPLETED ON ANY AND "ALL" FOR THE TOTAL(S) TO BE DISCHARGE(S) ON "ALL" THE EX ACCOUNT(S), DONE BY THIS "FICTITIOUS CORPORATION" WILL HAVE NO LATER THEN, "15) DAYS, AFTER THE DATE LISTED BELOW AND/OR WILL BE OR "Charged" "under the public DONE ON AND BY "YOURS", FICTITIOUS CONCEPTS LIKE "YOURS" SOLAR CALENDAR, "TIT AS ; 09 -- 18 -- 2017.**

Back: For BILL SCHUETTE.

**BILL SCHUETTE**  
ATTORNEY GENERAL  
Cadillac Place  
3030 West Grand Boulevard  
Detroit, Michigan 48202

And Will be "Evidences", AS MAIL  
FRAUDS, BY THE EVIDENCES, AND  
"UNDER YOURS OR THEIRS" PAR  
LAWS, U.S. CODES TITLE 18 PART I  
CHAPTER 63 SUBSECTION, 1341, 1342, and  
"Will Be" Before and On the Public Record Dates  
and/or Also known As, Docket Entry Numbers  
[DEN-? ] ; On 09 - ? - 2017 ;  
"I, Am", Jihad ; Ali : "governor" and "judge"  
and "treasurer" ; See back .

AND ANY AND "ALL" HAVE BEEN  
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THE "DEFENDANTS", AND/OR  
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51086 ; 08 - 08 - 2017 ; 42 PAGES TWO  
SIDED, WITH 25 PAGES, BY THE  
EVIDENCES OF "YOURS OR THEIRS",  
TRANSGRESSIONS AND HARMS ;



bill/schuette  
[09-18-2017] ;

**BILL SCHUETTE**  
**ATTORNEY GENERAL**  
Cadillac Place  
3030 West Grand Boulevard  
Detroit, Michigan 48202

And Will be "Evidences", AS MAIL FRAUDS, BY THE EVIDENCES, AND "UNDER YOURS OR THEIRS" PAR LAWS, U.S.CODES TITLE 18 PART I CHAPTER 63 SUBSECTION, 1341, 1342, and "Will Be" Before and On the Public Record Dates and/or Also known As, Docket Entry Numbers [DEN-? ] ; On 09 - ? - 2017 ; "I, Am", Jihad ; Ali : "governor" and "judge" and "treasurer" ; See back .

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 EVIDENCES OF "YOURS OR THEIRS",  
 TRANSGRESSIONS AND HARMS ;



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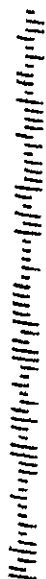


[09-18-2017]:

**BILL SCHUETTE**  
**ATTORNEY GENERAL**  
Cadillac Place  
3030 West Grand Boulevard  
Detroit, Michigan 48202

Jihad Ali Hossein  
2666689 Lawrence  
Dearborn Heights, MI 48127

4812733379 0076



U.S. POSTAGE  
ZIP 48202  
02 1W  
0001395597



"IT IS," "MAIL FRAUDS", BY THE EVIDENCES, AND  
"UNDER YOURS OR THEIRS" PAR LAWS, UNITED  
STATES CODES TITLE 18 PART I CHAPTER 63  
SUBSECTION, 1341, FRAUDS AND SWINDLES; 1342,  
"FICTITIOUS NAME OR ADDRESS"; And "Will Be" Before  
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Entry Numbers | DEN - | On, | - - 2018 |; And "For  
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per time, per letters; letters number | |; AND NOW  
BY THE EVIDENCES, CASE NUMBERS AND LETTERS,  
2:17 - mc - 51086; 08 - 08 - 2017;

You Earn. We'll match.

We'll match all the rewards you've earned at the end of your first year.

Rewards on Every Purchase | FICO Credit Score | Social Security  
Number Alerts

DISCOVER

See if you're pre-approved  
with no impact to your credit

See details inside

"FINAL NOTICE", TO "AGENTS" IS  
"NOTICE" TO "PRINCIPALS" AND  
"NOTICED" TO "PRINCIPALS" IS  
"NOTICED" TO "AGENTS": AND  
DONE BY THE FOREIGN U.S. MAILS,  
"IT IS", "NOW", "Human" "TRAFFICKING"  
AND "PAPER TERROISM", AND "IT IS",  
"PUNISHABLE BY DEATH" AND/OR  
"CAPITAL PUNISHMENT". AND "ALL"  
ARE IN "DEFAULT", AND "DISHONORED  
IN COMMERCE":

No Annual Fee

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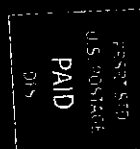
Jihad A. Hossein

26668 Lawrence Dr

Dearborn Heights, MI 48127-3379




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"FINAL", public laws, "NOTICE", OF  
"YOURS OR THEIRS, U.S. CODES TITLE 18,  
SUB SECTION, 1692, "FOREIGN" MAIL AS THE  
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parts low and stays low.

Jossein  
 wrence Dr.  
 Heights, MI 48127-3379  


"FINAL NOTICE", TO "AGENTS" IS  
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"NOTICED" TO "PRINCIPALS" IS  
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"PUNISHABLE BY DEATH" AND/OR  
"CAPITAL PUNISHMENT". AND "ALL" ARE  
 IN "DEFAULT", AND "DISHONORED"  
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U.S. POSTAGE  
 PAID  
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 BCUS

0%  
 intro APR  
 for 15 months on  
 balance transfers

See inside for details.

Barclaycard Ring™ Mastercard®

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**"FINAL"**, public laws, **"NOTICE"**, OF  
**"YOURS OR THEIRS"**, U.S. CODES TITLE 18,  
 SUB SECTION, 1692, **"FOREIGN" MAIL AS THE**  
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 2017]; [42] PAGES TWO SIDED, WITH [25]  
 PAGES, BY THE EVIDENCES OF **"YOURS OR**  
**THEIRS"**, **"TRANSGRESSIONS AND HARMS"**;

Say goodbye  
to these fees

No foreign transaction fees  
No annual fee

See inside for details.

**DISCOVER**

Statement Enclosed



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AHMED A HOSSEIN

26668 LAWRENCE DR

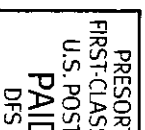
DEARBORN HTS MI 48127-3379



"IT IS", "MAIL FRAUDS", BY THE EVIDENCES, AND "UNDER YOURS OR THEIRS" PAR LAWS, UNITED STATES CODES TITLE 18 PART I CHAPTER 63 SUBSECTION, 1341, FRAUDS AND SWINDLES; 1342, "FICTITIOUS NAME OR ADDRESS"; And "Will Be" Before and On the Public Record Dates and/or Also known As, Docket Entry Numbers | DEN - |; On, | - 2018 |; And "For public records Frauds", And by "My", "Notice of Intent" and "Fees Schedule"; "Transgressions Fees" and "Payment Policies", It Is, Thirty million dollars, G/S300000000.00, per time, per letters; letters number | |; AND NOW BY THE EVIDENCES, CASE NUMBERS AND LETTERS, 2 : 17 - mc - 51086 ; 08 - 08 - 2017 ;

"FINAL NOTICE", TO "AGENTS" IS "NOTICE" TO "PRINCIPALS" AND "NOTICED" TO "PRINCIPALS" IS "NOTICED" TO "AGENTS"; AND DONE BY THE FOREIGN U.S. MAILS, "IT IS", "NOW", "Human" "TRAFFICKING" AND "PAPER TERROISM", AND "IT IS", "PUNISHABLE BY DEATH" AND/OR "CAPITAL PUNISHMENT", AND "ALL" ARE IN "DEFAULT", AND "DISHONORED IN COMMERCE";

"FINAL", public laws, "OR THEIRS", U. S. CODES SECTION, 1692, "FOREIGN UNITED STATES MAIL"; HAVE BEEN "DECLARED" "TRANSGRESSORS", ALSO "DEFENDANTS", AND/OR "CO-CONSPIRATORS", AND "CRIMINAL ENTERPRISE" (AND "PSYCHOPATHS", AND "NOW", "BUNCH OF 1" AND SEE BY THE EVIDENCE 51086 ; 08 - 08 - 2017 |; [42] I WITH [25] PAGES, BY THE "YOURS OR THEIRS", "TRAFFICKING";







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Philadelphia, PA 19101-9736

**Say goodbye  
to these fees**

**No foreign transaction fees  
No annual fee**

See inside for details.



As the seasons change, keep your energy bill low.  
[dteenergy.com/saveenergy](http://dteenergy.com/saveenergy)

"IT IS", "MAIL FRAUDS", BY THE EVIDENCES, AND  
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[80] AND NOW BY THE EVIDENCES, CASE  
NUMBERS AND LETTERS, 2 : 17 - mc - 51086 ; 08 - 08  
- 2017 ;

[#80]

**CONTACT MISS DIG BEFORE DOING ANY  
DIGGING ON YOUR PROPERTY. Dial 8-1-1 or visit  
[missdig811.org](http://missdig811.org).** Crews will locate and mark all underground  
utilities in your work area. It's free, and it's the law.

"FINAL NOTICE", TO "AGENTS" IS  
"NOTICE" TO "PRINCIPALS" AND  
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**DTE Energy**

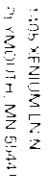
One Energy Plaza, Detroit MI 48226-1279

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 DEARBORN HEIGHTS MI 48127-3379



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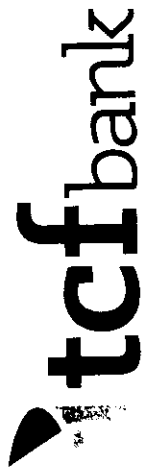
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 US POSTAGE PAID  
 DETROIT, MI  
 PERMIT NO. 10



Presorted Standard  
U.S. Postage  
PAID  
TCF BANK

"FINAL", public laws , "NOTICE  
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"TRANSGRESSIONS AND HARMS"; ;





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New checking customers, earn \$300 when you open and use a  
TCF Premier Checking<sup>®</sup> account. Account fees may apply.

See inside  
for details >

THE EVIDENCES, AND  
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[09-12-2018]; [ # 85 ]

[9-10-2018]

WAYNE COUNTY FRIEND OF THE COURT  
WAYNE COUNTY FOC PENOBSCOT BLDG  
645 GRISWOLD AVENUE  
DETROIT MI 48226

P8URV00X02996 1011981

JIHAD HOSSEIN  
26668 LAWRENCE DR  
DEARBORN HEIGHTS MI 48127

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CLASS



US POSTA  
500.32

"FINAL NOTICE", TO "AGENTS" IS  
"NOTICE" TO "PRINCIPALS" AND  
"NOTICED" TO "PRINCIPALS" IS  
"NOTICED" TO "AGENTS"; AND  
DONE BY THE FOREIGN U. S. MAILS,  
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"PUNISHABLE BY DEATH" AND/OR  
"CAPITAL PUNISHMENT". AND  
"ALL" ARE IN "DEFAULT", AND  
"DISHONORED IN COMMERCE":

CAVYSSB 48127





**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 18452 WASHINGTON DC

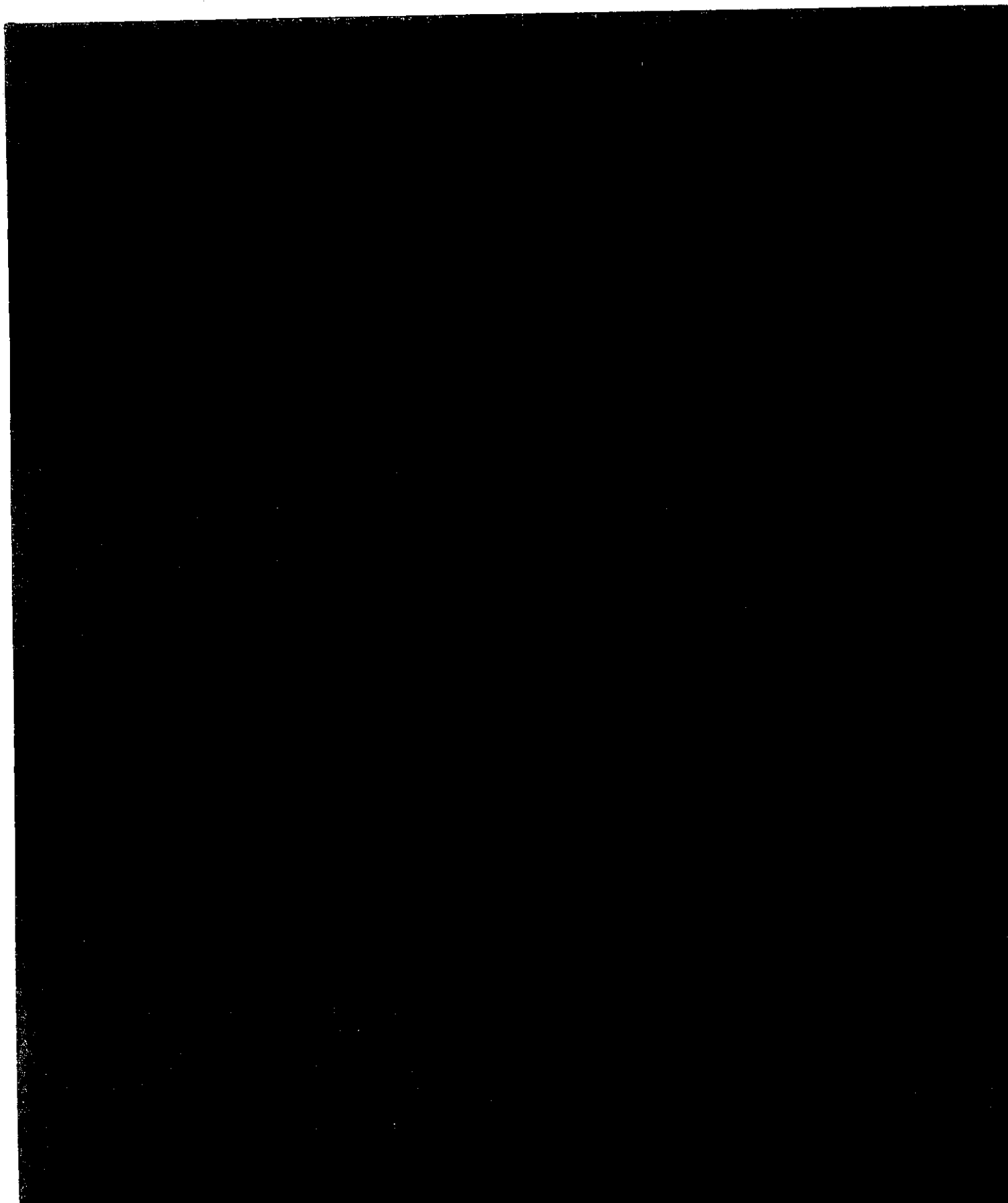
POSTAGE WILL BE PAID BY SOCIAL SECURITY ADMINISTRATION

**SOCIAL SECURITY ADMINISTRATION**  
**477 MICHIGAN AVE RM 450**  
**DETROIT MI 48226-9794**

U.S. SOCIAL SECURITY ADMINISTRATION

Wm. R. R. R.

• [b5] • d





[85] d

**IMPORTANT NOTICE**

You are alleged to be responsible for a civil infraction. For the violation listed on the front of this ticket, within thirty (30) days you must either:

- 1) admit responsibility; or 2) admit responsibility with explanation; or 3) deny responsibility. Check the appropriate box and sign your name.

**ADMIT RESPONSIBILITY:** I enter my appearance, waive my rights to a hearing, and admit responsibility for the civil infraction alleged on the front of this parking violation notice.

**PAYMENT OPTIONS**

**By Internet:** Pay with a credit card by accessing <http://www.parkdetroit.us> and click on the "Pay or Contest Ticket Online" link on the right of the page.

**By Phone:** Call (313) 963-9630 to pay by credit card utilizing the automated payment feature.

**In Person:** At 1001 10th Street, Detroit, Michigan 48216 Mon-Thurs 9am-5pm; Fri 9am-7pm

**By Mail:** Mail this citation with your check or money order made payable to THE CITY OF DETROIT to the address below. Enclose this notice with your payment and write the violation number on your check or money order. **DO NOT MAIL CASH.**

City of Detroit  
Parking Violations Bureau  
PO Box 2549  
Detroit, MI 48231-2549

☐ Signature \_\_\_\_\_

**ADMIT RESPONSIBILITY WITH EXPLANATION:** I enter my appearance, waive my rights to a hearing, and I admit responsibility for the civil infraction alleged on the front of this parking violation notice. You may explain the circumstances of the violation for which the Parking Violation Bureau may consider in determining the amount of your fine and costs. You may admit responsibility with an explanation by Mail, in person or by representation.

**By Mail:** Mail this signed copy with your written explanation for an administrative conference.

**In Person or By Representation:** You or your representative must bring this signed copy to the Parking Violation Bureau at the address indicated on the front of this violation notice on or before thirty (30) days after the issue of this notice.

☐ Signature \_\_\_\_\_

**DENY RESPONSIBILITY:** To deny responsibility you must contact the Parking Violations Bureau on or before thirty (30) days after the violation date by mail or in person to request a hearing. An Administrative Conference will be scheduled with a Hearing's Officer unless you request an Informal Hearing. Informal Hearings will be heard by a magistrate, referee, or judge and neither side may have an attorney.

☐ Signature \_\_\_\_\_

**Online Administrative Hearing:** To utilize the online hearing system, go to <http://www.parkdetroit.us> and select "Pay or Contest Ticket Online".

**The fine on the other side must be paid within thirty (30) days. Failure to respond may cause a penalty to be added, court action to be taken or your vehicle be booted and impounded.**

Please note that an additional \$69.00 late fee is assessed on a \$45.00 ticket; however late fees will reach \$90.00 on an \$150.00 ticket.

Questions: Call (313) 963-9630

ET-1804

**PARKING VIOLATION**

For your convenience, this self-addressed envelope may be used for mailing your check or money order along with the parking citation received.

If using this envelope, be sure to:

1. Print your name, address and Parking Ticket Number on the lines provided.
2. Enclose check or money order for the correct amount
- DO NOT MAIL CASH.**
3. Please write parking ticket number on check or money order.
4. Enclose the parking ticket. Seal, stamp and mail the envelope without delay.

**ARE YOU BOOT ELIGIBLE?**

Please contact (313) 963-9630

or go to:

<http://www.parkdetroit.us>

The fine must be paid within thirty (30) days to avoid additional penalties. Failure to respond within thirty (30) days will cause a penalty to be added, court action to be taken or your vehicle may be booted and impounded.

Please note that an additional \$69.00 late fee is assessed on a \$45.00 ticket and an additional \$90.00 late fee is assessed on a \$150.00 ticket.

P. [57]

**CITY OF DETROIT  
PARKING VIOLATIONS BUREAU  
POST OFFICE BOX 2549  
DETROIT, MICHIGAN 48231-2549**

PLACE  
POSTAGE  
HERE



BE SURE TO ENCLOSE THE PARKING TICKET WITH REMITTANCE

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PARKING TICKET NUMBER \_\_\_\_\_

**CITY OF DETROIT  
OFFICE OF PARKING VIOLATION**

The named agent listed below was parked in violation of the Detroit  
that the statements made on this ticket are true or that the  
probable cause to believe it is true.



No. **68800**  
Time **12/13/2018 01:54PM**  
Officer ID **320**  
Area **30L**

on **FISHER SER DR. E**  
OF RUSSELL

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804.3

SWALK VIOLATION

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96 MI 2019

color

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Body style

4 DOOR

ARKS

M/N C/WALK (APROX)

VIOLATION WAS PHOTO ENFORCED. TO VIEW  
PHOTO, VISIT [WWW.DETROITMI.GOV](http://WWW.DETROITMI.GOV).

Signature  
F DETROIT PARKING VIOLATIONS BUREAU  
110th Street between Howard & Lafayette  
Detroit, Michigan 48216 • (313) 963-9630  
See Reverse Side

STOP  
THE ACTS  
OF "WARS"  
upon the

36TH DISTRICT COURT  
421 MADISON  
DETROIT, MICHIGAN 48226

PM 31

14 DAY NOTICE

Case No.: SP8087611 OT

"FINAL NOTICE", TO "AGENTS" IS  
"NOTICE" TO "PRINCIPALS" AND  
"NOTICED" TO "PRINCIPALS" IS  
"NOTICED" TO "AGENTS"; AND  
DONE BY THE FOREIGN U. S. MAIIS,  
"IT IS", "NOW", "Human"

"TRAFFICKING" AND "PAPER  
TERRORISM", AND "IT IS",  
"PUNISHABLE BY DEATH" AND/OR  
"CAPITAL PUNISHMENT". AND  
"ALL" ARE IN "DEFAULT", AND  
"DISHONORED IN COMMERCE"

9-24-2018

RETRAD

AGAIN

TO: THE  
RETARDED

PEOPLES

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
DETROIT, MI  
PERMIT NO. 4784

"FINAL", public laws, "NOTICE", OF  
"YOURS OR THEIRS, U. S. CODES TITLE 18,  
SUB SECTION, 1692, "FOREIGN" MAIL AS THE  
"UNITED STATES MAIL"; AND ANY AND "ALL"  
HAVE BEEN "DECLARED" BEFORE, THE  
"TRANSGRESSORS", ALSO KNOWN AS, THE  
"DEFENDANTS", AND/OR "CONSPIRATORS"

Witness &  
Make copies  
Done by  
Froude



## WESTLAND HOUSING COMMISSION

32150 Dorsey Road, Westland, MI 48186 Fax: 734.595.1680

December 5, 2018

**Augusta C. Broadus**  
2230 E Vernor Hwy #2  
Detroit, MI 48207

Dear Ms. Broadus,

Please **sign, date, and return** the enclosed documents.

☒ **Tenant Itemized Worksheet**

Review all the information for accuracy.

If the information is accurate, sign, date, and return the document.

If any of the information is inaccurate, contact the WHC at the phone number or email below.

☒ **PHA/Tenant Certification Page EIV**

Review all the information for accuracy.

If the information is accurate, check the box that you agree with the information.

If any of the information is inaccurate, check the box that you dispute the information and also check the box for your reason.

Sign, date, and return the document. Each adult must sign and date their own EIV document.

☒ **Other:** 10 - current

**Return the document(s) to:** **Westland Housing Commission**  
**Attn: Michelle Wicker**  
**32150 Dorsey Road**  
**Westland, MI 48186**

The signed documents are due in this office no later than 10 days from the day of this letter. If you fail to provide the signed documents, you will receive notification by mail of your termination from the program.

Sincerely,

*Michelle Wicker*



Form Approved  
OMB No. 0960-0623**WHOSE Records to be Disclosed**

NAME (First, Middle, Last, Suffix)

AUGUSTA BROADUS

SSN 379-66-7706

Birthday  
(mm/dd/yy)

02-03-1965

**AUTHORIZATION TO DISCLOSE INFORMATION TO  
THE SOCIAL SECURITY ADMINISTRATION (SSA)****\*\* PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW \*\***

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):  
**OF WHAT** All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my Impairment(s) including, and not limited to :
  - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
  - Drug abuse, alcoholism, or other substance abuse
  - Sickle cell anemia
  - Records which may indicate the presence of a communicable or no communicable disease; and tests for or records of HIV/AIDS
  - Gene-related impairments (including genetic test results)
2. Information about how my Impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

**FROM WHOM**

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

**THIS BOX TO BE COMPLETED BY SSA/DDS (as needed)** Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

**TO WHOM**

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

**PURPOSE**

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

**EXPIRES WHEN**

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

**PLEASE SIGN USING BLUE OR BLACK INK ONLY**

IF not signed by subject of disclosure, specify basis for authority to sign

**Signature of subject of disclosure** AUGUSTA BROADUS

☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

**Signature of parent/guardian/personal representative** DBA/ AKA AUGUSTA

Parent/guardian/personal representative sign here if two signatures required by State law

Date Signed

12-13-18

Street Address

APT 2 2230 E VERNOR HWY

Phone Number (with area code)

City

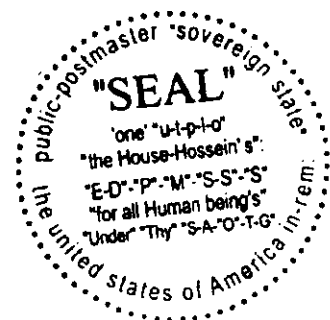
State

ZIP



"THE FOREIGN STATE", AT THE COURT CLERK OFFICE, ON FIFTH [5] TH FLOOR, UPON AND BEFORE THE PUBLIC RECORDS, [ 313 - 234 - 5005 ] ;

And "Now Comes", by the "Quorum", and by the 'one' or 'one's', "I, Am", "for any and all = eall free" "be=liveing", "Human being's" and "Human kind" and/or the "human race", "living soul's", manifest in the "living flesh", by the "sovereign states", and by the "public vessels", and by the "be=ing states", on the united states of America in-rem: And done by the "Estate Dignitary", "E = D" ; "Paterfamilias", "P" ; "Members", "M" ; "Society by the Sojourner", "S = S" ; and "Soilas", "S" ; "Autograph", in "Purple Ink" on the original and "S e a l e d" and Embossed Seal created by and under, "the House=Hossein's": and by the "Executors": and "under "My", the public laws only", "u : "M" : t : p : l : o" ; "amended": Done by and under "the House=Hossein's": "constitution" ; Amended by "My" "constitution", Done on ; AND IN AND **"UNDER" "YOURS"**, "FICTITIOUS CONCEPTS", LIKE THE **"YOURS"**, THE "SOLAR CALENDAR", "IT IS", KNOWN AS, Two thousand and fourteen A.D. on the tenth, month on the tenth, day of light and **Evidenced Upon The Federal Court public records**, Also known As, Docket Entry Numbers One, [ DEN 1 ] ; on [ 02 - 23 - 2015 ; 15 - 50289 ] ;



do now bear witness with "My" eyes and attest by "My" hand and Sealed by this notice of free will writing by and under "the House=Hossein's": Done By "Only" "Thy", "Attributes", and With "Divine Rights" By "Only" "Thy", and by the "be=liveing" "Human being's" and "Human kind" and/or the "human race" and "living soul's", "Stand" on all=eall "Divine Rights" By "Only" "Thy", and by the "all=eall True Discretion", By "Only" "Thy", "Sovereign All = Eall Mæhtig Or Mihtig "One" True God", "S = A = "O" = T = G", On "Thy", Year, "It Is" Unknown, AND "IT IS", IN AND "UNDER" "YOURS OR THEIRS", "FICTITIOUS" "CONCEPTS AND CONSTRUCTS", OF THE "SOLAR CALENDAR", OF GREGORIAN CALENDAR AND "DATES": "IT IS" KNOWN AS, THE YEAR OF TWO THOUSAND AND EIGHTEEN A.D. AND OF THE MONTH OF, APRIL AND OF THE, FIFTH DAY [ 04 - 05 - 2018 ].

Or in the, Luna calender it is, on the, Seventh -

month and on the, eighteenth -

day, By "Thy", From "Thy", Light.

And by the "Evidences", AT THE UNITED STATES EASTERN DISTRICT COURT IN DETROIT, MICHIGAN, And before by the "Evidences", NOW DONE UPON, IN RE: AUGUST CHRISTINE; Six pages [ 6 ]; Four; Five; Two thousand and eighteen: [ 04 - 05 - 2018 ]; Cace Numbers and Letters, Two: Eighteen: mc; Five; Zero; Five; Four; Six; A; K; A; [ 2: 18 - mc - 50546 ]; And See pages by the "Evidences", Nineteen pages [19]. And "Motion": Six pages [ 6 ]. And by "My", "It Is", "Now" "O \_ r \_ d \_ e \_ r \_ e \_ d": Total Six, [6], pages; And To Travel Upon "Thy", "Hæres", "Properties", "Estates", "Lands", "Soilas": Or by "My", Supreme Title and/or Paramount Title and/or Allodium Title; Six pages, [6], and by "My", "Notice of Intent" and "Fees Schedule": "Transgressions Fees" and "Payment Policies" With "Evidences" OF "YOUR(S)", "Transgressions" and "Harms".

public laws only" And "Only" "Thy" , 'one' or 'one's' , "for any and all=eall free" "be=liveing" "Human being's" , "living soul's" , by the "sovereign states" , and by the "be=ing states" , and by "Human kind" and/or the "human race" , Can Have "Cession" and/or "Succession" and/or to "Succesed" , "over" any and all=eall "Hæres" , "properties" , and "estates" , "I , Am" , August ; Christine : 'one' or 'one's' , by the "slaves" , To And "Under" "Thy" , and with "Divine Rights" By "Only" "Thy" , "Sovereign All = Eall Mæhtig Or Mihtig "One" True God" , "S = A = "O" = T = G" , and "I , Am" , August ; Christine : 'one' , by the "Vicegerent" and/or "deputies vicegerents" , now under them , On "Thy" , World or Earth to All = Eall "Thy" , "Properties" , And "Estates" ; "I , Am" , August ; Christine : 'one' or 'one's' , by the public postmasters "under the public laws only" , by the "public laws addresses" , "only" , "AT OR IN OR UNDER YOURS OR THEIRS" , PAST , PRESENT OR FUTURE . Done by the "be=liveing" "Human being's" and "Human kind" and/or "I am" , the "human race" Can Do "No" "Harms" upon any and all=eall or by the 'one' or 'one's' , "for any and all=eall free" "be=liveing" "Human being's" and "Human kind" and/or the united states , by being , "I am" , the "human race" , With "Absolute" and "Total" "Immunity" and/or "Immunities" , and "under "My" , the public laws only" , "u : "M" : t : p : l : o" : "amended" : FROM ANY AND "ALL" OF "YOURS OR THEIRS" , "FICTITIOUS FOREIGN STATE(S)" AND/OR "FICTITIOUS SOVEREIGN STATE(S)" AND/OR "FICTITIOUS CREATED ENTITIES" AND/OR "FICTITIOUS CORPORATION(S)" , THAT HAVE BEEN "DECLARED" AND

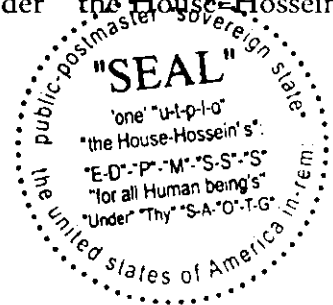
"Motions", only to give "Notices" of "Trangressions and Harms", To The Foreign Courts To Take Actions, and by any/all=eall stated before will stand as "Evidences", and to Return any and all=eall, "Mail Frauds" and to Create, "Fees Schedule":

"Transgressions Fees": and "Payment Policies", and/or conduct business In "commerce".

Done By "Only" "Thy", "Attributes", "Under" And By "Only" "Thy", are the "slaves" To "Thy" "Only", "Under" "Thy", and With "Divine Rights" By "Only" "Thy", And "Thy" Is Thee, "Sovereign All = Eall Mæhtig Or Mihtig "One" True God",

"S=A="O"=T=G", and by the "be-liveing", "Human being's", "living soul's", "Will Stand" on any/all=eall "Divine Rights", to Amend and/or Change this "Declaration" and any/all=eall listed above, on the "Beginning" by "My", "be=liveing" Life, and in the "be=ing states", and on the "Last" by "liveing", or "Before" and "Now" and "Forever", from any/all=eall, mistake or forgotten information and misinterpretation to any and all=eall stated herein by "My", "Order" and/or "Orders", on any/all=eall stated before will stand as "Evidences", and by "My", "Declaration" and "Admission Statement" and "Acknowledgement" to any and all=eall "Statements" Herein, "It Is", the "Truth", the "all=eall Truths", "Will Always Prevail Over Falsehood", "Before" and "Now" and/or "Forever", by the "Evidences", "under the public laws only", and by the "be-liveing" "Human being's", "living soul's", by "all=eall True Discretion", By "Only" "Thy", "Sovereign All = Eall Mæhtig Or Mihtig "One" True God", "S = A = "O" = T = G", By

embossed seal created by and under "the House=Hossein's":



Augusta Christine

by and under "the House=Hossein's": "I , Am" , August ; Christine :

" Comes Now " , by the **Quorum** and "under **My**" , the public laws only" ,

"u ; **M** ; t ; p ; l ; o" ; "amended" ; by the 'one' , "for any and all=eall free" , "be=liveing"

"Human being's" and "Human kind" and/or the united states , by being , "I am" , the

"human race" , "living soul's" , by the "sovereign states" and of the "public vessels" , and

by the "be=ing states" , and

"Let it Now" , "Be known" and "Evident" , on and/or

near the place called , the united states of America on the continent and/or land mass ,

"Soilas" , "S" ; also known as, the place called , North America ; the united states of

America in-rem : by the "be=liveing" "Human being's" , "living soul's" , all=eall will be present

to pass the "laws" , and "under **My**" , the public laws only" , "u ; **M** ; t ; p ; l ; o" ;

"amended" ; by "Declarations" , by "Actions" to create , "Summary judgment" , and "Final

judgment" , "Case numbers" : "Invoice with letters and numbers" : and "Indictments"

and making the judgment or judgments , and "O r d e r" and

UPON, the "be=liveing" "Human being's" and "Human kind" and/or the united states, by being, "I, am", the "human race", "living soul's", TO INCRIMNATE ONE SELF BY THE "Evidences", BY "PEONAGE" AND "SLAVERY", AND BY THE "USE" OR "USAGE" OF "NOMINATIVE" AND "NOMENCLATURE" OF "FICTITIOUS" "NAME(S)" OR "NAAM(S)", AND BY "PROSTITUTION", DONE BY "YOURS OR THEIRS", "THE NATURE OF RENT", AND DONE "UNDER" THE COLOR OF "YOURS OR THEIRS", "LAW(S)", AND "NO" BONA FIDE SWORN COMPLAINTS "UNDER" "YOURS OR THEIRS", THE PENALTY OF PERJURY WAS EVER FILED BY ANY AND "ALL" OR "OTHER(S)", AS "EVIDENCES". AND DONE BY FRAUD(S) BY ANY AND "ALL" OF "THE FICTITIOUS FOREIGN JUDGE(S) / Judge(s)", AND IT IS, FRAUD(S) UPON THE "COURT(S)", AND DONE BY "ALL" "ARE" ATTORNEY(S) IN BLACK ROBE, MASQUERADING AND "ACTING" AS JUDGES / Judges, AND ONLY ADMINISTRATIVE "UNDER" "YOURS OR THEIRS", 1789 JUDICIAL ACT AND THE ADMINISTRATIVE PROCEDURE ACT, AND "ALL" HAVE "NO" "HONOR" AND ANY AND "ALL" ARE IN "DISHONOR". AND ANY AND "ALL" "FOREIGN ATTORNEY(S)", ARE "UNDER" THE "FICTITIOUS FOREIGN STATE(S)", AND ANY AND "ALL" "ARE" "LOST" AND "DEAD" AT "SEE" OR SEA. AND ANY AND "ALL" "ARE" "UNDER" "YOURS OR THEIRS", THE EMERGENCY BANKING ACT 1933, "UNDER" "YOURS OR THEIRS", HELD AS THE SURETIES TO "OFF - SET" AND/OR "SET - OFF(S)" OF "YOURS OR THEIRS", "CONGRESSIONAL BANKRUPTCY", AND "IT IS", AND "ALL" "ARE" "DEPRAVED" AND "BANKRUPT" "CORPORATION(S)" AND "INSOLVENT". AND "IT IS", DONE "UNDER" "ACTS OF COMMERCE" AND/OR OPERATING "UNDER" PRIVATE ACT(S) AND/OR PRIVATE LAW(S), AS THE "COMMERCIAL VESSELS" OF THE FOREIGN STATES, AND "UNDER" "YOURS OR THEIRS", 1832 NULLIFICATION PROCLAMATION ACT. AND DONE BY ANY AND "ALL" "ACTS" AND "ACTIONS", "Before" and "Now" and "Forever", for any and all="all" "Transgressions" and "Harms" upon the "be=liveing" "Human being's" and "Human kind"

**“ALL”**, **“DOING BUSINESS AS”**, **“D;B;A;”** AND/OR **“ALSO KNOWN AS”**, **“A;K;A;”** NAME(S) AND/OR NAAM(S), OR USAGES OR COMBINATIONS, LISTED OR NOT LISTED ABOVE:  
**“I, Am”**, Augusta ; Christine : Additionally, through this Absolute Forgiveness and Discharge, all Estate res, remainder, or reversion, including, but not limited to, any subject, matter, issue, person character, instrument, deed, will, title, Birth and/or Live Certificate(s), benefit, insurance, policy, account. And Now it has forfeited the Treasury to any and all=call **“be=liveing”**, **“Human being's”** and **“Human kind”** and/or the **“human race”**, of their's Hæres, **“properties”**, **“estates”**, and **“Will Be”** Discharged. And **“Now”**, any and all=call, Will Forfeit **ANY** AND **“ALL”** Birth Certificate and/or Certificate of Citizenship, of the **“United States of America”**, or THE **“UNITED STATES OF AMERICA”** INC. AND/OR **ANY** AND **“ALL”** OF, The **“State(s)”** or **“State(s) of \_ \_ \_”** AND/OR **“STATE(S)”** OR **“STATE(S) OF \_ \_ \_”**. INC., AND **“UPON”** **ANY** AND **“ALL”** Citizenship OR Citizen OR citizen. AND **“UPON”** **ANY** AND **“ALL”** Account(s), Employer Identification Number like, and any and all=call, Social Security Account ; ( 379 - 66 - \*\*\*\* ) ; Will Return to any and all=call **“be=liveing”**, **“Human being's”** and **“Human kind”** and/or the **“human race”**, of their's Hæres, **“properties”**, **“estates”**, and **“Will Be”** Discharged. And security, deposit, pension, fund, or retirement plan - be it dispositive, appointive, nominative, or other is hereby consolidated, merged, and extinguished - ultimately returning said Estate to its complete original natural whole state of dignity and demesne for;

**AUGUSTA CHRISTINE BOWLES** OR **BROADUS** AND **Augusta Christine Bowles** or **Broadus**, and/or Any and **“All”** Derivatives Thereof listed above. AND **“UPON”** **ANY** AND

that is the complete Will and Testament of the Estate named , or known as ,  
**AUGUSTA CHRISTINE BOWLES OR BROADUS AND Augusta Christine Bowles or Broadus** , AND **"ON" ANY AND "ALL"** , **"DOING BUSINESS AS"** , **"D;B;A;"** AND/OR **"ALSO KNOWN AS"** , **"A;K;A;"** NAME(S) AND/OR NAAM(S) , OR USE OR USAGES of Trade Names or Trademarks and/or Any and "All" Derivatives Thereof listed above . Or By **"Your"** created , birthed , or delivered on February , Third day nineteen hundred and seventy ( 02 - 03 - 1965 ) , through the hand or water by **"My"** **"be=liveing"** , **"Human being"** , born Mother or her person ;

**NOW AND FOREVER ABSOLUTELY FORGIVE AND DISCHARGE "ALL" KNOWN AND UNKNOWN ESTATE DEBTS , DUTIES , CLAIMS , AND LIABILITIES .**

This Absolute Forgiveness and Discharge includes , to any and all past , present , future ; But is not limited to , any Estate debts , duty , bonation , claim , contract , identification card and/or licenses , covenant , conveyance , custom , bills , Doctors bills , bond , bargain , article , interest , obligation , franchise , promise , pledge , novation , encumbrance , mortgage , taxes , lien , letter , liability , legacy , \*judgment\* , order , warranty , attachment , hold , copy , custody , **"Guardian ad - litem"** , and of the , **"Guardian(s)"** and/or **"Guardianship(s)"** , and of the , **"Social worker(s)"** , and **"Staff(s)"** , and **"Care taker(s)"** , and **"Care giver(s)"** , and **"Consultant(s)"** , and **"Adviser(s)"** , Medicare Insurance Corporation(s) , and of the , Medicaid Insurance Corporation(s) , and Hospital(s) , and Psychiatric Hospital(s) , and Health System , and Any AND All **"Examiner(s)"** , and **"Doctor(s)"** , and **"Psychologist(s)"** , and **"Psychiatrist(s)"** , and **"Nurse(s)"** , and **"Pharmacist(s)"** , consideration , information ,



AS "Evidence" :

"Notice of Absolute Forgiveness and Discharge Forever of All Known and Unknown Estate Debts , Duties , Claims , and Liabilities" :

**AUGUSTA CHRISTINE BOWLES OR BROADUS AND Augusta Christine Bowles or Broadus , and/or Any and "All" Derivatives Thereof listed above .**

And done upon , Any and "All" or upon any and all=eall "be=liveing" , "Human being's" and "Human kind" and/or the "human race" , of their's Hæres , "properties" , "estates" , and "Will Be" Discharged and "I , Am" , Augusta ; Christine : Ordering "My", Discharges ; s./p.10. Failure to Provide to the "Executor's" with the "Internal Revenue Service" ("IRS") forms like , ANY AND "ALL" , 1099(S) , OID , A , B , C , and "All Other(s)" forms to be Complete/Correct on Any/All IRS forms Requested , and Any and All will have 15 days after the day it is Declared and Ordered ; AND "UPON" ANY AND "ALL" RENT PAID IN AT , Return to : "public law address" ; "Only" , Any and All Others Addressed Will Be Declared Mail Frauds, Done By Larceny By Tricks and Deceits With Intent To Extort , By Fictitious Names and Addresses ; "Temporary post location" ; "Non = domestic mail";

Care of : Two; Two; Three; Zero; [2230] East Vernor Highway , apartment , Two; [2] ; In or On or Near , Detroit , city ; In or On or Near , Wayne , County ; In or On or Near , Michigan ; state : AND BY "YOUR(S)" PAR CODES , "EXECUTED" "WITHOUT" , U.S. AND ANY AND "ALL" "OTHERS" , UNDER THE FOREIGN STATES OR ZONING IMPROVEMENT PROJECT OR PLACES, ZIP , CODE EXEMPT ; DMM 122.32 . AND DONE BY ANY AND "ALL" OF "OTHER(S)" , "NOT LISTED" OR "LISTED" , by the "Evidences" ON AND BEFORE "YOUR(S)" , THE PUBLIC RECORD , LIKE , WAYNE COUNTY AND COUNTY OF WAYNE AND/OR STATE OF MICHIGAN , DONE BY ANY AND "ALL" "BOND NUMBERS" ;

"Let it Now" , "Be known" and "Evident" , to all concerned persons and/or men and

being's" and "Human kind" and/or the "human race", are the Hæres to "Any" and "All" of their's "properties" and "estates" ; BY THE EVIDENCES OF "YOURS" THE ,  
**Cestui Que Vie Act 1666 , Articles I - IV .**

"I , Am" , Augusta ; Christine : by public the postmasters and by for the public addresses and for the "be=liveing" , "for all = eall free" "Human being's" and "Human kind" and/or the united states , by being , "I , am" , the "human race" and/or by the "sovereign states" and "public vessels" , by the "be=ing states" , and by the united states of America in-rem:

"I , Am" , Augusta ; Christine : In and at all in libertas , and "Now and Forever" , OR "IN "YOUR(S)" PAST , PRESENT , FUTURE" : Exeucted By "Only" "Thy" , "Sovereign All = Eall Mæhtig Or Mihtig "One" True God" , "S=A="O"=T=G" , Is "My" Witness and "Only" "Thy" , Can Succeded Over any/all=eall to "My" "Hæres" , "properties" , "estates" or any and all=eall under and by "the House=Hossein's": and "Dignitary" , "Members" and "representatives" ; And "Only" "Thy" , or 'one' , "for any and all=eall free" "be=liveing" "Human being's" and "Human kind" and/or the united states , by being , "I am" , the "human race" , "living soul's" , by the "sovereign states" , and by the "be=ing states" , Can "only" Have "Cession" and/or "Succession" and/or to "Succeded" , "over" any and all=eall "Hæres" , "properties" , "estates" . And "Now and Forever" , the "be=liveing"

And/or "On" "Any" and "All", of "My", DOING BUSINESS AS, D;B;A; NAME(S) AND/OR ALSO KNOWN AS, A;K;A; NAME(S): And on "Any" and "All", DERIVATIVES AND/OR COMBINATIONS AND/OR ANY AND "ALL" OR USAGES OR SEQUENCES, OR ARRANGEMENT OF ANY AND "ALL", ORDERS, AND/OR USAGE WITH THE, FRIST NAME AND/OR MIDDLE NAME AND/OR LAST NAME, AND/OR COMBINATIONS AND/OR USAGE OF OR WITHOUT, FRIST NAME; AND/OR MIDDLE NAME; AND/OR LAST NAME; AND/OR ABBREVIATIONS OF FIRST LETTER OF THE, FRIST NAME AND/OR MIDDLE NAME AND/OR LAST NAME; And if "Any" and "All" of the Names are, WRITTEN IN CAPITAL LETTERS OR UPPER CASE and/or non-capital letters and/or lower case, and/or WRITTEN AS AN, Improper Nouns; AND ON ANY AND "ALL" DERIVATIVES WITH OR WITHOUT, PERIODS AND COMMAS, COLON AND SEMI - COLON, FORWARD SLASHES AND BACKSLASHES, ARROWS, HYPHEN, DASH OR PARENTHESES THAT ARE LISTED OR NOT LISTED THEREOF, AND/OR ANY AND "ALL" D;B;A; NAME(S) AND/OR NAAM(S) AND/OR A;K;A; NAME(S) AND/OR NAAM(S) For: AUGUSTA CHRISTINE BOWLES OR BROADUS AND Augusta Christine Bowles or Broadus, and/or Any and "All" Derivatives Thereof listed above; And "Now" On most of Any and All of The Declared Transgressors and/or The Defendants, for Additional "Charges" "It Is", Thirty million dollars; G/\$30000000.00; per time, per day; "for public records Frauds".

"I, Am", Augusta; Christine;

"Comes Now", "My" given name "I, Am", Augusta; Christine: "My" family name is, Bowles; or was Broadus; "I, Am", Augusta; Christine: "be=liveing", be made appeare to "be=liveing"; or to have beene "liveing", on the "all=call true" "Beginning" by "My", "be=liveing" and on the "Last" by "liveing", or "Before" and "Now" and "Forever",

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SPACE ABOVE THIS LINE IS FOR "ALL" "COURTS", "FEDERAL(S)", "STATE(S)", "COUNTY(S)", "CITY(S)", "DISTRICT(S)", AND WILL BE ON AND BEFORE "ALL", "PUBLIC RECORDS", as "Evidences"; OR FOR RECORDER'S USE ONLY.

Done By "Only" "Thy", "Attributes", And "Only" "Under" "Thy", And Is "Thy", "Thee", "All = Eall Omnipotent", "All = Eall Omniscient", "All = Eall Seer", "All = Eall Audire", And By "Thy", "All = Eall Halig", "Sovereign All = Eall Mæhtig Or Mihtig "One" True God", "S = A = "O" = T = G"; "Amended"; "It Is", "My", Created, "Declaration" and "Admission Statement" and "Acknowledgement" to all=eall "Statements" Herein, "It Is", the "Truth", the "all=eall Truths", prepared; by "Any" and "All" under "the House=Hossein's": the "sovereign states" and "public vessels", and by and "under "My", the public laws only", "u : "M" : t : p : l : o" ; "amended"; as "Evidences" by : "I , Am" , Jihad : Ali : "governor" and "judge" and "treasurer" ;

"It Is" , "O r d e r e d" , "It" "Will Be", "On" and "Before" the "public records" by :

"I , Am" , Augusta ; Christine :

Return to : "See public law address below" ;

**"Notice of Absolute Forgiveness and Discharge Forever of Any and "All"**

**Known and Unknown Estate Debts , Duties , Claims , and Liabilities For" :**

**AUGUSTA CHRISTINE BOWLES and/or AUGUSTA C . BOWLES and/or**

**AUGUSTA BOWLES and/or Augusta Christine Bowles and/or**

**Augusta C . Bowles and/or Augusta Bowles and/or**

**AUGUSTA CHRISTINE BOWLES - BROADUS and/or**

**Augusta Christine Bowles - Broadus and/or AUGUSTA C . BOWLES - BROADUS and/or**

**Augusta C . Bowles - Broadus and/or AUGUSTA BOWLES - BROADUS and/or**

**Augusta Bowles - Broadus and/or AUGUSTA CHRISTINE BROADUS and/or**

**AUGUSTA C . BROADUS and/or AUGUSTA BROADUS and/or Augusta Christine Broadus**

**"Notice of Appointment to the Office of Executor , for the Estate**

**Named or Known as" : AUGUSTA CHRISTINE BOWLES and/or**

**AUGUSTA C . BOWLES and/or AUGUSTA BOWLES and/or**

**Augusta Christine Bowles and/or Augusta C . Bowles and/or**

**Augusta Bowles and/or AUGUSTA CHRISTINE BOWLES - BROADUS**

**and/or Augusta Christine Bowles - Broadus and/or AUGUSTA C . BOWLES -**

**BROADUS and/or Augusta C . Bowles - Broadus and/or**

**AUGUSTA BOWLES - BROADUS and/or Augusta Bowles - Broadus and/or**

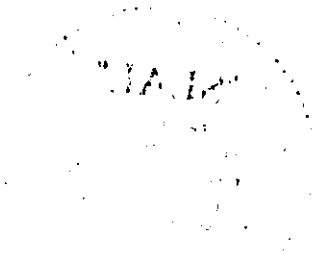
**AUGUSTA CHRISTINE BROADUS and/or AUGUSTA C . BROADUS and/or**

**AUGUSTA BROADUS and/or Augusta Christine Broadus and/or**

**Augusta C . Broadus and/or Augusta Broadus ; [ 13 by 13 ] ;**

**Thirteen pages Total , See Front Page .**

**"I , Am" , Augusta ; Christine :**



Omnipotent", "All = Eall Omniscient", "All = Eall Seer", "All = Eall Audire", And By "Thy", "All = Eall Halig", "Sovereign All = Eall Mæhtig Or Mihtig "One" True God", "S = A = "O" = T = G"; "Amended"; And "Only" "Thy", Is "Thee", "All = Eall" "Witness" "Over", Any and All = Eall, under and by "the House=Hossein's": or by the 'one', "for any and all=eall free", or by the "be=liveing" "Human being's" and "Human kind", and/or the united states, by being, "I, am", the "human race", "living soul's", With "Divine Rights", By "Only" "Thy", and With "Absolute" and "Total" "Immunity" and/or "Immunities", as the "sovereign states" and "public vessels", From Any and "All", of The Declared "Transgressors" and/or "The Declared Defendants", "Will Be Set", "Under" "Thy", "All = Eall Ireful" "Now" and "Forever".

Return to: "public law address"; "Only", Any and All Others Addressed Will Be Declared Mail Frauds, Done By Larceny By Tricks and Deceits With Intent To Extort, By Fictitious Names and Addresses; "Temporary post location"; "Non = domestic mail"; Care of:

Two; Two; Three; Zero; [2230] East Vernor Highway, apartment, Two; [2];

In or On or Near, Detroit, city; In or On or Near, Wayne, County; In or On or Near, Michigan; state: AND BY "YOUR(S)" PAR CODES, "EXECUTED" "WITHOUT", U. S. AND ANY AND "ALL" "OTHERS", "UNDER" THE FOREIGN STATES OR ZONING IMPROVEMENT PROJECT, ZIP, CODE EXEMPT; DMM 122.32.

And "Now Comes", by the "Quorum", and by the 'one', "for any and all = eall free" "be=liveing", "Human being's" and "Human kind" and/or the "human race" "living soul's" by the "sovereign states", and by the "public vessels", and by the "be=ing states", on the united states of America in-rem: And done by the "Estate Dignitary", "E = D"; "Paterfamilias", "P"; "Members", "M"; "Society by the Sojourner", "S = S"; and "Soilas", "S"; "Autograph", in "Purple Ink" on the original and "S e a l e d" and Embossed Seal created by and under, "the House=Hossein's": and by the "Executors": "My" Words is "My" "Bond".

